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**Volunteer Application Form**

**Part A** - Information provided in this section will be used in the shortlisting process for this vacancy

|  |
| --- |
| Position Applied For |
|  |

**Your Availability**

**Please tell us when you are most likely to be available to volunteer:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Occasional |
| Mornings  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Afternoons |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evenings |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Why do you want to volunteer for Henshaws**

Please tell us why you would like to volunteer at Henshaws

|  |
| --- |
|  |

**Qualifications and Experience**

|  |  |
| --- | --- |
| **Date left Full time Education (month and year)** |  |

**Qualifications Achieved/pending (include level & date achieved)**

|  |
| --- |
|  |

**Training Completed/pending**

|  |
| --- |
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**Your Skills and experience**

Referring to the role descriptor, please state how your skills, qualifications and experiences specifically match the criteria. Please give specific examples of any skills, abilities and achievements; these examples may be from employment, education or voluntary experience

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**Part B** - Information provided in this section will be removed prior to the short listing process for this vacancy to ensure an anonymous application.

**About You**

|  |  |
| --- | --- |
| Title (i.e. Miss/Mrs/Mr/Dr |  |
| First Name |  |
| Surname |  |
| Home Address |  |
| Postcode |  |
| Telephone - Mobile Number |  |
| Telephone - Home Number |  |
| Email Address |  |

**Accessibility**

**Would you like to be considered for interview under the disability confident scheme?**

|  |  |
| --- | --- |
| Yes | No  |

**Please detail any reasonable adjustments you may require if you are invited to interview/assessment?**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How did you hear about this Volunteer Role?  |  |

|  |
| --- |
| Do you have a close personal relationship with, or are you related to, an employee or volunteer of Henshaws?If yes, please give the name of the employee/Volunteer |
|  |

**Your Referees**

Offers of volunteering roles are subject to two satisfactory references. Please provide details below of your referees. Please note references will not be sought until an offer of A Volunteering role has been made. (Suitable referees: Employment, Volunteering, Education, Friend (not family), Professional person)

**Reference 1 – details of referee**

|  |  |
| --- | --- |
| Full Name |  |
| Job title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Email  |  |
| Telephone number |  |
| Relationship to you (i.e. manager, HR dept., teacher etc.) |  |

**Reference 2 – details of referee**

|  |  |
| --- | --- |
| Full Name |  |
| Job title |  |
| Company |  |
| Address |  |
| Postcode |  |
| Email  |  |
| Telephone number |  |
| Relationship to you (i.e. manager, HR dept., teacher etc.) |  |

**Rehabilitation of Offenders and DBS checks**

Due to the services offered by Henshaws, you may be required to complete an enhanced DBS check (formally CRB). Please refer to the Volunteer description for details of how this applies to the role you are applying for.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account.

Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

|  |  |
| --- | --- |
| Yes | No |

If yes, please provide details:

|  |
| --- |
|  |

**Safeguarding**

Have you ever been the subject of a safeguarding concern in either an employed or voluntary role?

|  |  |
| --- | --- |
| Yes | No |

If yes, please provide details:

|  |
| --- |
|  |

Declaration

Henshaws holds information relating to you which is subject to the Data Protection Act 1998. By signing this agreement you consent to Henshaws processing, both manually and by electronic means, your personal and sensitive personal data for the purposes of the administration and management of the work you perform and/or Henshaws’ business. “Processing” includes obtaining, recording, holding or disclosing information or data and carrying out operations on the information or data.

“Sensitive personal data” includes information held by Henshaws as to your physical or mental health, your political opinions, religious or similar beliefs, sexual orientation. Typical examples of items of sensitive personal data are SSP self-certification forms and medical reports.

I declare that the information given in this form is, to the best of my knowledge, complete and correct; I also understand that any wilful mis-statement renders me liable to dismissal if engaged.

I understand that an appointment if offered will be subject to satisfactory references and, where appropriate, DBS checks.

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Applicant Signature** |  |
| **Date** |  |

**Equal Opportunities Form**

To meet our professional commitment to Equality and Diversity at Henshaws, we require certain information from volunteers. This information is for monitoring purposes only. It will be stored securely in line with the Data Protection Act 1998

**Gender / Gender reassignment** (please tick appropriate box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  |  | Female |  |  | Transgender |  |

**Nationality** (Please state)

|  |
| --- |
|  |

**Age** (Please state)

|  |
| --- |
|  |

**Ethnic Origin** (please tick appropriate box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White – British |  |  | Black – British |  |  | Mixed – White & Black African |  |
| White – Irish |  |  | Black – African |  |  | Mixed – White & Black Caribbean |  |
| White – Other  |  |  | Black - Caribbean |  |  | Mixed – White & Asian |  |
|  |  |  | Black – Other |  |  | Mixed - Other |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Asian – British |  |  | Asian - Chinese |  |  | Prefer not to answer |  |
| Asian – Indian |  |  | Asian - Other |  |  |  |  |
| Asian – Pakistani |  |  | Other |  |  |  |  |
| Asian -Bangladeshi |  |  |  |  |  |  |  |

**Religion / Belief** (Please state)

|  |
| --- |
|  |

**Sexual Orientation** (please tick appropriate box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gay Man |  |  | Gay Woman/Lesbian |  |  | Prefer not to answer |  |
| Heterosexual / Straight |  |  | Bisexual |  |  |  |  |

**Disability**

Do you consider yourself to be disabled as defined under the Disability Discrimination Act? Or do you have a long standing (at least 12 months) physical or mental health condition or disability? Does your condition or disability have a substantial negative effect on your ability to carry out normal day to day activities? E.g. Walking, communicating, reading and writing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If yes please indicate what type of disability in the boxes below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Specific Learning Disability |  |  | General Learning Disability |  |  | Cognitive Impairment |  |
| Long Standing Illness or Health Condition |  |  | Mental Health Condition |  |  | Blind or Serious Visual Impairment |  |
| Physical Impairment or Mobility Issues |  |  | Deaf or Serious Hearing Impairment |  |  | Prefer not to disclose type of disability |  |
| If you wish to specify further then please do so here: |