



VOLUNTEER APPLICATION FORM

CONTACT DETAILS	
<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please state)	
First Name	
Last Name	
Address (including post code)	
Home Tel	
Mobile Tel	
E-mail Address	
Date of Birth	

Please tick the times and days of the week that would be convenient for you to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
10 – 2					
Afternoon					

Visa/Work Permit
Do you need a permit to work in the United Kingdom?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If you currently hold a work permit or visa, please give details including its type and expiry date:

Relevant Information
Why do you want to volunteer at Bridport Medical Centre?

What skills and experience can you bring to the role? Please include paid and voluntary experience as well as skills that might be useful for the role (e.g. Languages, customer services skills). Please continue on another sheet if necessary.

Is there any other information which you think is relevant to your application?

Emergency Contact		
Name	Telephone No	Relationship to you

References

Please give the names and addresses of two referees who have known you for a year or more, other than relatives or friends, one of whom should be your present or most recent employer/line manager. Students may give the name of a course tutor/lecturer. Long term unemployed applicants may provide the name of a personal referee e.g. neighbour.

Referee 1	
Name	
Address	
Tel	
Email	
How does the referee know you?	
How long have you known them?	

Referee 2	
Name	
Address	
Tel	
Email	
How does the referee know you?	
How long have you known them?	

Criminal Convictions

Posts entailing contact with patients are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. This means applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. You should also declare if you have ever received a caution, reprimand or warning. If you are accepted to undertake voluntary work and fail to disclose such convictions, this could result in your dismissal. Please provide information on a separate sheet. Any information given will be completely confidential and will be considered only in relation to any application for voluntary positions to which the order may apply.

Do you have any criminal convictions? Yes No

Are you currently?

- | | | |
|---|---|---|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Employed part time | <input type="checkbox"/> House Husband/Wife |
| <input type="checkbox"/> Looking for work | <input type="checkbox"/> Retired | <input type="checkbox"/> Student full time |
| <input type="checkbox"/> Student part time | <input type="checkbox"/> Unable to work | <input type="checkbox"/> Other (Please specify) |

Please read and sign the following declaration

If offered a position, I understand that I must not pass on any confidential information to any unauthorised person or persons.

I understand that I may be asked to leave my voluntary placement if my performance is not satisfactory.

I understand that this voluntary work does not constitute employment per se and there will not be an entitlement to any form of payment on its cessation.

I understand that the voluntary placed offered will be subject to the information on this form being correct.

Signed:

Dated:

Equal Opportunities Monitoring Form.

Bridport Medical Centre wants to build a diverse workforce and is committed to a policy of equal opportunities for all. In order to monitor this policy we need to know the proportions relating to gender, ethnic groups and disabilities within our volunteer programme. This information will form no part of the selection process and will be held in the strictest confidence and in accordance with the Data Protection Act 1998.

Gender Male Female

In which of the following categories do you consider yourself to be?

White

- English Welsh Scottish
 Northern Irish Irish British
 Gypsy and Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

- White and Black Caribbean White and Black African White and Asian
 Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

- Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

- African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other please state:

Do you consider yourself to have a disability? Yes No

If yes, please let us know what sort of support would enable you to volunteer?