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| Volunteer Advice Worker | |
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| APPLICATION FORM | |
| **Please return the completed application form BY EMAIL to**  **[jo.ellis@island-advice.org.uk](mailto:jo.ellis@island-advice.org.uk)**  **Once we have received the application you will be invited to attend an information session** | |
|  | |
| **Personal Details and Current Circumstances** | |
| Name |  |
| Address  Include your **full** Post Code |  |
| National Insurance Number |  |
| Home Telephone |  |
| Mobile |  |
| Email |  |
| Do you speak any second languages; which ones |  |
| Are you currently claiming :  Job Seekers Allowance  Employment Support Allowance  Income Support |  |
| Are you working?  Please state hours/days |  |
| Are you a student?  Please detail days/times of attendance and when course starts/ends |  |
| Do you have any convictions?  Some placement agencies require CRB checks |  |
| Do you have a Level 3 (or above) qualification  Level 3 is ‘A’ level, you will have to sit a literacy test if not |  |
| Do you have basic computer skills; Word/email/internet |  |

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| **AVAILABILITY FOR VOLUNTEERING** | |
| You MUST be available for a **minimum of one full day per week for 6 months**. Some placements may require more than one day, how many days per week would you like to volunteer for?  **1 day 2 days 3 days 4 days 5 days** | |
| **Day** | **Which days and times are you are available between the hours of 9am to 5pm** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| **Please give details of any previous employment (including voluntary work) State start/finish date, job title and brief details of duties/responsibilities** | |
| You don’t need to complete this if you are attaching a CV and the information is stated in this | |
| **Please give details of educational qualifications.** | |
| You don’t need to complete this if you are attaching a CV and the information is stated in this | |
| **Please say why you are interested in advice work and state any interests, abilities or other information that you think would be relevant/useful to your volunteering as an advice worker** | |
| To be completed by all applicants | |
| **Do you have any additional support needs? This could be because of something like a disability or childcare/care responsibilities** | |
|  | |
| **Please give the name and address of one person that we can contact for a reference. This can be someone who knows you from work, college or your local community but should not be a member of your family.** | |
| References: | |
| Please attach your CV if you have one | |

Please note: any information that is found to be false will result in refusal or withdrawal of voluntary work placement/training your application will be forwarded to other agencies (with your authority)

**Equalities monitoring form**

The following form sets out protected characteristics under the Equality Act 2010. Any information you provide will only be used for monitoring purposes and remains confidential It can be sent separately and anonymously if you want

## Ethnicity

#### How would you describe yourself? Choose ONE section from A to E, and then tick the appropriate box

A  Asian or Asian British

Bangladeshi

Indian

Pakistani

Any other Asian background, please write in box .......................

B  Black or Black British

African

Caribbean

Any other Black background, please write in box .......................

C  Chinese or other ethnic group

Chinese

Any other, please write in box .......................

D  Mixed Heritage

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed background, please write in box ......................

E  White

British

English

Irish

Scottish

Welsh

Any other White background, please write in box ......................

F  Prefer not to say

## Disability monitoring

#### Do you consider yourself to have a disability or a long-term health condition?

Yes  No

## Gender monitoring

#### Would you describe yourself as:

Male  Female  Transgender  Prefer not to say

## Sexual orientation

Bisexual

Gay man

Gay Woman / Lesbian

Heterosexual / Straight

Other

Prefer not to say

## Age monitoring

What is your Date of Birth? --/--/---- (dd/mm/year)

What is your **Age:**

Under 25

25-35

36-45

46-55

56-65

over 65

Prefer not to say

## Religion and belief

#### Please tick the box that best describes you:

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other Religion or Belief (please state) ............................

No Religion

Prefer not to say

## Relationship status

Civil partnership

Married

Single

Co-habiting

Other

Prefer not to say

## How did you hear about the THCAN volunteering

Word of mouth, friend, relative

Promoted within university

Newspaper advert

Law works

Just-Do-It volunteering website

Promotional event

Other please specify