

**Volunteer Application Form – Confidential**

Please return the completed form to **Suzanne Cleverley at** **suzannec@cftc.org.uk**by the advertised closing date.

|  |
| --- |
| **Volunteer role applied for:** |
| **How did you learn of this role?** |

|  |
| --- |
| **Personal Details** |
| SurnameAddressPostcode | Mr / Mrs / Miss / Ms / Other First Name(s) Telephone(Mobile)(Home)Email address  |

|  |
| --- |
| **Previous Work – paid or unpaid** |
| **Name & Address**  | **From/To**  | **Position** | **Reason for Leaving** |
|  |  |  |  |

|  |
| --- |
| **Your Skills, Knowledge, Abilities and Experience** |
| Please use this section to tell us why you want to volunteer with Care for the Carers and what skills and experience you have that may be relevant to the role. These may have been gained from previous employment, volunteering, hobbies or personal experiences.  |
|  |
| **Availability – please circle your available days/times** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |

|  |
| --- |
| References |
| Please provide the names, addresses and contact numbers of two people who can give an assessment of your suitability for this volunteering role. Personal referees are suitable but you should not give the name of a member of your family.**Please provide an email address if possible**. |
| Name: **Address:****Postcode:****Tel No:****Email:****In what capacity does this person know you?** | Name:**Address:****Postcode:****Tel No:****Email:****In what capacity does this person know you?** |
| May we contact them prior to interview?YES NO  | May we contact them prior to interview?YES NO  |

|  |
| --- |
| Rehabilitation of Offenders Act 1974 |
| Have you any convictions that are not spent under the Rehabilitation Act? YES/NO |
| *(Please see information sheet)* If YES, please give details:***This information will not be used to influence the shortlisting process.*** |
| **Before any role can begin all of our volunteer placements require a Disclosure and Barring Service Check carried out by Care for the Carers** |

|  |
| --- |
| **Declaration** |
| **I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE.**I understand that if I am successful in obtaining this volunteering post and any information I have given is later discovered to be incorrect, the appointment can be terminated.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If you do not sign, your application will not be considered in the shortlisting process. Electronic signatures are acceptable.* |

For information about how we use and store your data please read our privacy policy on our website: Privacy policy | Care For The Carers (cftc.org.uk)

**No one left to care alone**

Phone: 01323 738390 Email: info@cftc.org.uk Text: 07860 077300 Visit:www.cftc.org.uk Charity Number: 1074906. Registered Company No: 3677361. Registered address: Care for the Carers. Highlight House, 8 St. Leonards Road, Eastbourne, East Sussex. BN21 3UH



**Care for the Carers Equalities Monitoring Form - Volunteers**

Care for the Carersseeks to meet the aims and commitments set out in its Diversity and Equal Opportunities Policy. We aim to create a culture that respects and values each other’s differences, that promotes dignity, equality and diversity, and that encourages individuals to develop and maximise their true potential. Part of this work is enabled by building an accurate picture of the make-up of our volunteers in relation to equality and diversity.

We need your help and co-operation to do this, but filling in this form is voluntary. Completed forms should be returned to Suzanne Cleverley at suzannec@cftc.org.uk. The information you give will not be included in the application process, and all information you give will be treated as confidential.

**Gender**

Man Woman Intersex  Non-binary  Prefer not to say

If you prefer to use your own term, please specify here:

 **Are you married or in a civil partnership?**

Yes  No  Prefer not to say

 **Age**

16-24 25-29  30-34  35-39 40-44  45-49

50-5455-59  60-64  65+  Prefer not to say

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best when volunteering? Please specify here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the volunteer coordinator.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to say  If you prefer to use your own term, please specify here:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please specify here:

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please select the appropriate box.

***Prefer not to say***

***Asian or Asian British***

Bangladeshi  Chinese  Indian  Japanese  Pakistani

Any other Asian background, please specify here:

***Black/ African/ Caribbean/ Black British***

African  Caribbean

Any other Black background, please specify here:

***Mixed/multiple ethnic groups***

White and Asian  White and Black African

White and Black Caribbean  Any other Mixed background, please specify here:

***White***

British  Irish  Gypsy/Roma  Irish Traveller

Any other white background, please specify here:

***Any other ethnic group*** please specify here:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**Do you have caring responsibilities? If yes, please select all that apply**

None  Prefer not to say  Primary carer of a child/children (under 18)

Primary carer of child/children with SEND

Primary carer of adult (18 and over) with care and support needs

Primary carer of older person

Secondary carer (another person carries out the main caring role)