

# VOLUNTARY APPLICATION FORM

Which volunteer roles are you applying for?	
Please tell us how you heard about us:	
At what times are you interested in volunteering? <i>Specific days/times (please indicate)</i>	

## 1. PERSONAL DETAILS

Last Name:		First Name:	
DOB:			
Nationality:			
State of Origin:			
L.G.A:			
NIN:			
International Passport Number:			
Passport expiry date:			

Address:		Post code	
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Home Telephone No.		Daytime Contact No.	
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E-mail address:	
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## 2. EMERGENCY CONTACT DETAILS

Name:		Tel home:	
Relationship to you:		Tel mobile:	
Email:			

## 3. EDUCATION/QUALIFICATIONS

Schools/College/University	Study Dates	Qualification and Grade	Date Obtained



#### 4. TRAINING AND DEVELOPMENT

Please use the space below to give details of any training or non-qualification-based development which is relevant to the post and supports your application.

Training Course	Course Details (including length of course/nature of training)

#### 5. EMPLOYMENT HISTORY

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

##### Current or most recent employer

Name of Employer:

Address

Position Held:

Date Started:

Leaving Date:

Reason for Leaving:

Salary on  
leaving this post:

Contact Name of Line Manager for  
reference:

Brief description of duties:

##### Previous Employment:

Name of Employer:



Address

Position Held:

Date Started:  Leaving Date:

Reason for Leaving:

Salary on leaving this post:  Contact Name of Line Manager for reference:

Brief description of duties:

**SELF – DECLARATION OF GAP IN EMPLOYMENT**

**6. INFORMATION IN SUPPORT OF YOUR APPLICATION**

**Skills, abilities and experience**

Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used. See guidance sheet for further information.

Continue on a separate sheet if necessary



## 7. REFERENCES

I give permission for Vulnerable Persons Interventions to apply for references to meet with mandatory compliance for work within non-governmental sectors.

Signature Required: .....

Name of Professional Referee and relationship to you:

Address:

Email:

Tel:

Name of Professional Referee and relationship to you:

Address:

Email:

Tel:

Name of Character Referee and relationship to you:

Address:

Email:

Tel:

## 8. HEALTH AND DISABILITY

The following questions on health and disability are asked in order to determine any reasonable adjustments that you may require to enable you to access our voluntary service and carry out the duties of your work with Vulnerable Persons Interventions:

a) Do you have any physical disabilities which will affect your working ability

Yes
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No
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b) Are you currently taking any medication for any Mental or Physical reasons?

Yes
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No
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c) Have you been refused employment due to Mental or Physical reasons?

Yes
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No
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d) Have you attended Hospital as either an in-patient or out-patient during the last 5 years

If yes: can you give details: .....



## 10. PROFESSIONAL MISCONDUCT

Have you been, or are you currently subject to, any fitness or practice proceedings, or suspension from an employer, or are such pending or threatened against you either in your country of origin or any other country?

If yes, please provide details below of the nature of the proceedings undertaken or contemplated, including the approximate date of proceedings, country where the proceeding were taken and the name and address of the licensing or regulatory body concerned:

## 11. CONVICTIONS/ DISQUALIFICATIONS

### **Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bind-overs or cautions that they have been subject to at any time in the past.

*Your answer to the following question should include any 'spent' convictions, conditional discharges, bind-overs or cautions. The 'Company' actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.*

**Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?**  Yes  No

**Have you ever been issued with a Penalty Notice for Disorder?**  Yes  No

If so, what was the offence? .....

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any volunteer role.

### **DECLARATION**

I have completed/intend to complete an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION

Name

Vulnerable Persons Interventions seeks to recruit volunteers on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process.

In order to monitor the effectiveness of this commitment to equal opportunities, it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph.

**Marital Status, please tick one of the below:**

Single  Married  Separated  Widowed  Divorced

**Sex:**

Male  Female

**Age:**

D.O.B. ....../...../.....

### White

British

Irish

Any other

### Mixed

White & Black

Caribbean

White & Black

African

White & Asian

Any other

### Black or Black British

Caribbean

African

Any other

### Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other

**Do you have any disabilities? If yes, please specify:**

**Registered Disabled Number (where relevant)**

T: 0203 997 0343 M: 0737 767 7701 F: 0208 124 1467

info@vpi-aid.org || vpi-aid.org

Company Number: 10176847 || Charity Number: 1170330



107 Burdett Road, London. E3 4JN.

8 Sunderland Street, Halifax. Hx1 5AF

960 Capability Green, Luton. LU1 3PE