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| **Trainee/Volunteer Advice Worker**  |
|  |
| APPLICATION FORM |
| **Please return the completed application form BY EMAIL to****jo@island-advice.org.uk** |
|  |
| **Personal Details and Current Circumstances** |
| Name |  |
| Address Include your **full** Post Code |   |
| Home Telephone |  |
| Mobile |  |
| Email |  |
| Do you speak any second languages; which ones |  |
| Are you currently working or volunteering? Please state hours/days/what/where  |  |
| Are you a student? Please give details of course, what year and when course starts/ends  |   |
| Do you have any convictions? We require CRB checks |  |
| 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 day per week volunteering AND one day per week training (Sept- June term times) |
| **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.** |
|  |
| 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

**Equality Monitoring Questions PLEASE DELETE OR HIGHLIGHT AS APPROPRIATE**

1. **How old are you?**

17-24

25-34

35-49

50-64

65 +

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

1. **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months**
Yes

No

Prefer not to say

Please state the type of health problem or disability that applies to you? *(People may experience more than one type of disability or health problem, you may indicate more than one)*

|  |  |
| --- | --- |
| Cognitive Impairment |  |
| Long term illness |  |
| Mental ill health |  |
| Mobility Impairment |  |
| Physical Disability |  |
| Not considered Disabled |  |
| Other category |  |

1. **Which best describes your gender?**Male 

Female 

Non-binary 

Transgender 

Prefer not to say 

Prefer to self-describe (please specify):……………………………………………

1. **How would you describe your ethnic group?**

**Asian / Asian British:**Asian or Asian British – Indian 

Asian or Asian British – Pakistani 

Asian or Asian British – Bangladeshi 

Asian or Asian British – Chinese 

Asian or Asian British – any other 

**Black /Black British:**

British or Black British Caribbean 

Black or Black British – African 

Black or Black -British any other 

**Mixed or multiple**

White and Black Caribbean 

White and Black African 

White and any other 

Any other mixed or multiple ethnic background 

**White**

English, Welsh, Scottish, Northern Irish or British 

Irish 

Gypsy or Irish Traveller 

Roma 

Any Other white 

**Other**

Not specified 

Prefer not to say 

Any other ethnic group 

1. **What is your religion or belief?**No religion or belief 

Muslim 

Christian 

Jewish 

Buddhist 

Sikh 

Hindu 

Prefer not to say 

Prefer to self-describe (please specify): 

1. **Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)**

Couple (no dependent children) 

Couple (with dependent children) 

Couple (with non-dependants) 

Lone parent (with dependant children) 

Single adult 

Other 

Prefer not to say 

1. **Languages**

Do you speak any second language, what? ………………………………………………………..

## 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

 ☐ Social media

 ☐ Other please specify