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| QUALIFYING WORK EXPERIENCE  VOLUNTEER PROJECT | |
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| APPLICATION FORM | |
| **Please return the completed application form BY EMAIL to**  [***jo@island-advice.org.uk***](mailto:jo@island-advice.org.uk) | |
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| **Personal Details and Current Circumstances** | |
| Name |  |
| Address  Include your **full** Post Code |  |
| Gender  Male/Female |  |
| National Insurance Number |  |
| Home Telephone |  |
| Mobile |  |
| Email |  |
| Date of Birth and Age |  |
| Ethnic Origin |  |
| Do you speak any second languages; which ones |  |
| Are you currently claiming any benefits : |  |
| Are you working?  Please state hours/days |  |
| Are you a student?  Please give details of days/times of training and when course ends |  |
| Do you have any convictions?  Some placement agencies require CRB checks |  |

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| **AVAILABILITY FOR VOLUNTEERING**  **A minimum of 2 days is required for this project** | | | | |
| **How many days would you like to volunteer for ...........................** | | | | |
| **Day** | | **State times you are available between the hours of 9am to 5pm** | | |
| Monday | |  | | |
| Tuesday | |  | | |
| Wednesday | |  | | |
| Thursday | |  | | |
| Friday | |  | | |
| **Please give details of educational qualifications.** | | | | |
| **Please give details of any previous employment (including voluntary work) State start/finish date, job title and brief details of duties/responsibilities** | | | | |
| **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** | | | | |
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| **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 | | | | |
| **Signed** | *This form can be emailed without signature* | | **Date** |  |

Please note: any information that is found to be false will result in refusal or withdrawal of voluntary work placement