



Education for Health

Application Form for Volunteers

These fields are not mandatory *

PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

SURNAME:	
FORENAMES (IN FULL):	
TITLE: (DR, MR, MRS, MISS, MS):	
PERMANENT ADDRESS:	
POSTCODE:	
CONTACT TELEPHONE: Daytime: Evening: Mobile:	
Contact name and number in case of an emergency	
EMAIL ADDRESS	
*Male	<input type="checkbox"/>
*Female	<input type="checkbox"/>
*DATE OF BIRTH:	

PLEASE GIVE DETAILS OF YOUR OCCUPATION,PREVIOUS WORK EXPERIENCE, INTERESTS AND HOBBIES

REASONS FOR APPLYING FOR VOLUNTARY WORK

Please outline briefly any key experiences, qualifications, skills and the type of work which would meet your aspirations

HAVE YOU EVER WORKED IN A CHARITY BEFORE? Yes No

PLEASE PROVIDE DETAILS OF ANY PREVIOUS VOLUNTARY EXPERIENCE YOU HAVE

***ETHNIC ORIGIN**

We ask for information about disability and ethnicity to help us with equal opportunities monitoring. Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated below.

I would describe my race or ethnic origin as: (please tick appropriate box)

Classification

a. White

British		Any other White background	
Irish			

b. Mixed

White and Black Caribbean		White and Black African	
White and Asian		Any other Mixed background	

c. Asian and Asian British

Indian		Pakistani	
Bangladeshi		Any other Asian background	

d. Black or Black British

Caribbean		Any other Black background	
African			

e. Other Ethnic Groups

Chinese		Any other Ethnic Group	
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f. Not Stated

Not stated			
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***DISABILITY**

Disabilities

None		Physical disability	
Mental disability		Prefer not to say	

Are there any special arrangements we would need to make if selected to attend for an interview?

WHAT TIMES ARE YOU AVAILABLE FOR VOLUNTEERING? Please tick your preferred choice

	MON	TUES	WED	THURS	FRI
AM					
PM					

REFERENCES

PLEASE GIVE (IN BLOCK CAPITALS) DETAILS OF **TWO** REFEREES, THEIR INITIALS AND CORRECT ADDRESS, FOR WHOM WE CAN APPROACH NOW

NAME: ADDRESS:

TEL:

FAX:

POST CODE:

EMAIL:

NAME: ADDRESS:

TEL:

FAX:

POST CODE:

EMAIL:

IN WHAT CONTEXT DO THESE REFEREES KNOW YOU?

- 1)
- 2)

DECLARATION

The individual to who this application relates to is the owner of this information and by supplying this to us you consent for the processing of your data. If you submit an application to work for Education for Health we will use your personal information to process your application and to produce and monitor recruitment statistics as an equal opportunities employer. We will not take up references without your prior permission. We will not share or disclose your information unless you have given us your consent or we are required to by law. Personal information relating to unsuccessful applicants will be held for 6 months from application.

SIGNATURE:

DATE: