

VOLUNTEER APPLICATION FORM

PLEASE COMPLETE USING BLACK INK or TYPESCRIPT

If you are keen to apply but require reasonable adjustments, please contact community@wclmind.org.uk to discuss different application methods (e.g. telephone or video).

Volunteer Role Applied for	
Application Ref.	(Office Use Only)

PERSONAL DETAILS

Surname			
First Name and Title	<hr/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>		
Home address			
Post code			
Home Telephone No.			
Mobile Telephone No.			
E-mail Address	Please provide your email address so that we can acknowledge your application		
Date of Birth	Date	Month	Year

Application Ref. No.

(Office Use Only)

Please use the spaces below to give us some background on your interests and experience

Why would you like to be a volunteer with WCL Mind?

Previous experience as a Volunteer:

Please select the cohort(s) you would be keen to facilitate:

- ☐ Seniors Walk and Talk (50+)
- ☐ Young Carers Walk and Talk
- ☐ Walk and Talk for Guardians & Carers to Under Twos
- ☐ LGTBQIA+ Young Adults Walk and Talk
- ☒ Walk, Talk, Get Active (Improving physical health for mental health)
- ☒ Walk and Talk for the visually and auditorially impaired

Lived Experience (if relevant) or Reason for Chosen Cohort:

Please note we are keen for group facilitators to bring valuable contributions and knowledge to the group they are overseeing. This question is designed to understand why you have selected a specific group and how your skills are relevant. Please only include information you feel comfortable sharing.

Courses or Training (if relevant):

Hobbies and Interests:

Do you have any Criminal Convictions (other than minor driving offences)?

☐ Yes

☐ No

If yes, please state date and nature of conviction

Approximately how much time would you like to give each week?

Please indicate preferred days or times

Is there anything else you would like to tell us in relation to your volunteering application?

REHABILITATION OF OFFENDERS - having a criminal record will not necessarily be a bar to obtaining a position or placement and WCL Mind will not unfairly discriminate against the subject of Disclosure of information on the basis of conviction or other details revealed.

Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974). This should include being bound over or cautioned or are you currently the subject of a police investigation.	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

If you have been convicted of a criminal offence, please give details of the offence(s) that are not spent, including date(s) and sentence(s)

DATE	OFFENCE	SENTENCE

DETAILS OF CAUTION OR BEING BOUND OVER:
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PROTECTION OF VULNERABLE ADULTS SCHEME - CARE STANDARDS ACT

Have you ever knowingly been the subject of any investigation or enquiry into an allegation of possible abuse of a child or vulnerable adult?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

If yes please give full details and dates

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DISABILITY: WCL Mind welcomes applications from all sectors of the community, including applicants with a disability. If you have a disability, please state in a covering letter (NOT ON THIS FORM) whether you would need any adjustments or arrangements to be made if you were invited to attend for interview.

IMMIGRATION AND ILLEGAL WORKING - The Immigration, Asylum and Nationality Act 2006 places an obligation on all employers to check applicant's entitlement to legally work in the UK before any employment commences. Therefore should you be invited for an interview, you will be required to provide the necessary documentation proving your eligibility to be employed

Do you have evidence of your entitlement to live and work in the UK ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require a work permit to work in the UK ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a work permit to work in the UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes give expiry date:	
Are you EEA nationals from Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are EEA nationals from Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia are you subject to registration or authorisation to work in the UK ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes please give details:	

REFERENCES: Please give the names and addresses of two referees we can contact, one of whom should be your previous employer and must cover the last 3 years of employment. If your previous employment does cover the 3 year period you must give us additional referees. We will not normally take up references until after the interview.

Name		
Full address		
Post code		
E-mail (if known)		
RELATIONSHIP (employer, manager, friend)	How Long Has This Person Known You?	

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Name		
Full address		
Post code		
E-mail (if known)		
RELATIONSHIP (employer, manager, friend)	How Long Has This Person Known You?	

DECLARATION

I declare that the information that I have given in this application is correct to my best belief and knowledge. I understand that my application may be rejected or any offer of volunteer placement withdrawn if I have given false information or withheld relevant details. I also understand that if it is found, subsequent to my appointment, that inaccurate details have been provided or relevant details withheld, this is liable to result in summary dismissal without notice or pay in lieu of notice. I consent to the Charity processing my personal data, as well as my personal sensitive data, given in this application (and on the Equal Opportunities Monitoring form) for the following purposes: my employment, administrative purposes and for complying with any laws, regulations and procedures.

Signature	
Date	

We attempt to acknowledge receipt of applications via email if you have given your email address.

Application Ref. No.

(Office Use Only)

EQUAL OPPORTUNITIES MONITORING FORM

This form does not form part of the selection process and will be detached on receipt of the application and held confidentially

We are committed to the operation of employment procedures and conditions that provide for equal opportunities. Our policy aims to ensure that unfair discrimination does not take place at any stage in recruitment and employment.

In order to help us monitor the effectiveness of this policy, we would appreciate it if you could provide the information requested below. Any information provided will be confidential and stored and used in accordance with the Data Protection Act 1998 for the purpose of equal opportunities monitoring only. There is no legal requirement to keep information; however, such monitoring is considered good practice.

We appreciate that some people may find some questions personal and we therefore would like to make it clear that you are under no obligation to complete the questions that you do not wish to answer. If you do not wish to answer some questions this will not affect your application in any way. We do, however, ask that you return the form so that we can fulfil our equal opportunities monitoring requirements.

NAME	
POST APPLIED FOR	
DATE	

1. GENDER

ARE YOU

FEMALE

☐

MALE

☐

2. DISABILITY

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out day to day activities'.

DO YOU CONSIDER YOURSELF AS

YES

☐

NO

☐

HAVING A DISABILITY? ☐ ☐

3 ETHNIC ORIGIN

What is your ethnic group? Choose ONE selection, and then tick the appropriate box to indicate your ethnic background. The classifications we have used are those recommended by the Commission for Racial Equality.

WHITE

ENGLISH	<input type="checkbox"/>	SCOTTISH	<input type="checkbox"/>
IRISH	<input type="checkbox"/>	WELSH	<input type="checkbox"/>
BRITISH or MIXED BRITISH	<input type="checkbox"/>	OTHER (please state below)	<input type="checkbox"/>

Any other white background. Please state

ASIAN OR ASIAN BRITISH

BANGALDESHI	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>
PAKISTANI	<input type="checkbox"/>		

Any other Asian background. Please state

BLACK OR BLACK BRITISH

AFRICAN	<input type="checkbox"/>	CARIBBEAN	<input type="checkbox"/>
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Any other BLACK background. Please state

MIXED

WHITE AND BLACK CARIBBEAN	<input type="checkbox"/>	WHITE AND BLACK AFRICAN	<input type="checkbox"/>
WHITE AND ASIAN	<input type="checkbox"/>		

Any other Mixed background. Please state

CHINESE

CHINESE ☐

OTHER ETHNIC GROUP

PLEASE STATE: