**VOLUNTEER APPLICATION FORM**

**BASSETLAW ACTION CENTRE**

**CONFIDENTIAL**

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The Bassetlaw Action Centre welcomes applicants from all irrespective of gender, marital status, disability, race, age or sexual orientation.

1. All sections to be completed in black (handwritten or typed for copying purposes)
2. Additional sheets may be attached wherever necessary
3. Please ensure you clearly state which post(s) you are applying for

|  |  |
| --- | --- |
| **APPLICATION FOR THE POST OF** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS**  Please complete in block capitals | | | | | | | | |
| Surname |  | | Title by which you wish to be referred | | | | Mr  Mrs  Miss  Ms  Other: | |
| First Name(s) |  | | | | | | | |
| Date of Birth |  | | National Insurance No. | | | |  | |
| Full Address |  | | | | | | | |
| Home Telephone |  | | | | | | | |
| Mobile |  | | | | | | | |
| Email Address |  | | | | | | | |
| **EDUCATION/TRAINING/QUALIFICATIONS**  Please summarise any relevant education, training or qualifications | | | | | | | | |
| Organising Body | | | | Course Details | | | | Date |
|  | | | |  | | | |  |
| **PREVIOUS EMPLOYMENT, WORK OR VOLUNTARY EXPERIENCE**  Please summarise any relevant employment, work or voluntary experience | | | | | | | | |
| Organisation | Role | | | From | To | Brief description of duties | | |
|  |  | | |  |  |  | | |
| **OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION**  Please continue on a separate sheet if necessary | | | | | | | | |
|  | | | | | | | | |
| **OUTSIDE HOBBIES/INTERESTS** | | | | | | | | |
| Please give brief details: | | | | | | | | |
| **HEALTH/MEDICAL NEEDS** | | | | | | | | |
| Do you smoke? Yes  No  Do you require any adjustments to be made to enable you to attend interview or take up any position offered? Yes  No | | | | | | | | |
| **REFEREES**  Please provide two referees, these can be for either a personal or professional reference | | | | | | | | |
| Name: | | Name: | | | | | | |
| Position held by referee: | | Position held by referee: | | | | | | |
| Name and Address of organisation: | | Name and Address of organisation: | | | | | | |
| Telephone Number: | | Telephone No: | | | | | | |
| Email Address: | | Email Address: | | | | | | |
| May references be taken up without further approval: Yes  No | | | | | | | | |
| **MISCELLANEOUS** | | | | | | | | |
| Do you hold a current full driving licence? Yes  No | | | | | | | | |
| Do you have regular use of a vehicle? Yes  No | | | | | | | | |
| Where did you see the advertisement for this post? | | | | | | | | |

Signature:       Date:

**PLEASE NOTE:** To ensure a prompt consideration, please ensure this form is returned to: **Bassetlaw Action Centre, Canal Street, Retford, Nottinghamshire, DN22 6EZ.** The successful applicant will be required to complete an enhanced DBS check.

**DATA PROTECTION ACT:** Information on this form may be held on computer. Strict confidentiality will be observed and disclosures will only be made for payroll and personnel administration purposes.