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| Application Form: Volunteer (R5) |
| Personal details |
| Title (Ms, Mr etc) |  |
| Last name |  |
| Forename(s) |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Telephone number |  |
| Email |  |
| National Insurance Number |  |
| Current Driving Licence  | None/ Provisional/ Ordinary | Delete as appropriate |
| Do you own or have access to a car?  | Yes/ No | Delete as appropriate |
| Present employment |
| Name of employer |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Position |  |
| Start date |  |
| Salary |  |
| Full- or Part-time |  |
| Notice required |  |
| Health details |
| Please give details of any serious physical or mental illness during the last five years or any current disability. |
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| Education Schools attended (Age 11 onwards) | **From** | **To** |
|  |  |  |
| Secondary education qualifications **(GCSE, CSE, GCE, RSA, etc)** |
| **Subject** | **Level** | **Grade** | **Date** |
|  |  |  |  |
| Further or higher education qualifications **Degree, Diploma, BTEC, etc** |
| **Subject** | **Institution** | **Qualification** | **Pass level****or grade** | **Date** |
|  |  |  |  |  |
| Other qualifications **Including membership of professional bodies** |
|  |
| References |
| Please give the names and addresses of two people who have known you for at least five years. Please indicate if you wish to be approached before these people are contacted. |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| May we approach? | Yes/No | Delete as appropriate |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| May we approach? | Yes/No | Delete as appropriate |

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| Employment and career history **Including service in HM Forces** |
| **Employer** | **Position** | **Reason for leaving** | **From** | **To** |
|  |  |  |  |  |
| Convictions |
| Details of any convictions. The successful applicant will be subject to a Disclosure and Barring Service check. |
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| Personal statement |
| Use this page to give details of your previous experience, skills and achievements which would make you suitable to be a volunteer. |
|  |
| Continue on a separate sheet if necessary |
| Declaration |
| To the best of my knowledge the information on this form is correct. Giving false information or omitting information could disqualify my application and, if I am appointed, leadto my dismissal. |
| Signed: |  |
| Date: |  |
| Disability Advice Service (East Suffolk) | [www.daseastsuffolk.org.uk](file:///D%3A%5C2015%5CDAS%5CVolunteer%20Forms%202015-08-15%5Cwww.daseastsuffolk.org.uk) | CIO 1152772 | Page **4** of **4** |