

**Registered Charity Number 1086140** 

## **APPLICATION FORM FOR VOLUNTEERS**

PERSONAL D	ETAILS (in block	capitals please)				
Last name				Mr/	/Mrs/Miss/Ms	
First name(s)	e(s)D.O.B					
Address						
Postcode Home Telephone Number						
Email						
Daytime Tele	ephone Number	f Different				
Person to Co	ntact in Case of I	Emergency				
AVAILABILIT	Y					
Please give details of any existing work/voluntary commitments.						
Please tick to	o indicate when y	ou are most likely	/ to be available to	o volunteer.		
Please give a	s many alternati	ves as possible. Fl	exible times can b	e arranged.		
	Mon	Tues	Wed	Thurs	Fri	
AM						
РМ						
EXPERIENCE						
QUALIFICATI	ONS					
What qualifie	cations, (academ	ic or otherwise) d	o you hold?			
-						

What skills and experience can you bring to Headway? (previous employment, voluntary work, training, relevant personal experience, interests)



## **Registered Charity Number 1086140**

## VOLUNTEERING

Why do you want to be a volunteer with Headway Portsmouth and South East Hampshire?

What do you think Headway Portsmouth and South East Hampshire can offer you?

## REFEREES

Please give us the names and addresses of two people who can be asked to provide references. References will not be taken up until after interview.

Name	Name
Address	
 Telephone	
Email for contact:	Email for contact:
In what capacity known? i.e. friend, colle	eague etc.

Headway Portsmouth and South East Hampshire aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Headway welcomes applications from diverse candidates. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Unless the nature of the work demands it you will not be asked to disclose convictions which are 'spent' under the Rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily bar you from volunteering. This will depend on the circumstances and background to your offences.



**Registered Charity Number 1086140** 

As Headway Portsmouth and South East Hampshire meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, in positions for which it is appropriate, potential volunteers will be subject to an enhanced check from the Disclosure and Barring Service, before their acceptance is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

Signed.....

Date.....

Please return this form to:

Jo Dallas Service & Funding Manager

Headway Portsmouth and South East Hampshire Mountbatten Centre Alexandra Park Twyford Avenue Portsmouth PO2 9QA

Tel: 023 664972 E-mail: <u>info@headwayportsmouth.co.uk</u>