

## APPLICATION FORM FOR VOLUNTARY WORK

### PERSONAL INFORMATION (CONFIDENTIAL)

ALL APPLICATION FORMS TO BE COMPLETED LEGIBLY IN BLOCK CAPITALS

<b>POST APPLIED FOR</b>	
<b>INITIALS</b>	
Where did you hear about volunteering for Birchwood Highland?	

### 1. PERSONAL DETAILS

<b>SURNAME</b>		<b>TITLE (Mr, Mrs, Ms etc)</b>	
<b>FORENAMES</b>			
<b>HOME ADDRESS</b>		<b>CURRENT ADDRESS (If different)</b>	
<b>POST CODE</b>			
<b>CONTACT DETAILS</b> <span style="color: red; font-size: small;">(Please tick preferred contact method, but fill in as many of these details as you can)</span>			
<b>EMAIL ADDRESS</b>			
<b>TELEPHONE</b>	<input type="checkbox"/> Home: <input type="checkbox"/> Business: <input type="checkbox"/> Mobile:		

### 2. GENERAL

<b>Do you hold a driving licence?</b>	YES/NO	<b>Is it a Full/ Provisional/LGV/ PCV licence?</b>	
<b>Details of Endorsements:</b>			

<b>Are there any particular requirements that you may have, should you be invited to interview?</b>	YES/NO
<b>If so, please state here</b>	

<b>When would you be available to start?</b>	
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<b>Have you previously worked/volunteered for our company before? (If "YES", when and in what capacity?)</b>	YES/NO
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### 3. References

Please indicate two people who can provide personal references.	
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<b>Email:</b>	<b>Email:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Capacity in which this person is known to you (i.e. current/most recent Manager etc.):</b>	<b>Capacity in which this person is known to you:</b>
<b>I give/do not give permission to take up my references. (Delete clearly as appropriate)</b>	<b>I give/do not give permission to take up my references. (Delete clearly as appropriate)</b>

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## 6. RELEVANT EXPERIENCES

Please outline why you are interested in volunteering at Birchwood Highland and what experience, if any, you previously have in volunteering.

**Personal Interest and Achievements** *(Use the space below to list any spare time activities you enjoy or take part in. This will help us pair you with a service user (as a befriender) or help us identify activities you can participate in)*

**ADDITIONAL INFORMATION** *(Use the space below to provide additional information that you feel you would like to share)*

## 7. Criminal Convictions and Data Protection Statement

**Please give details of any criminal convictions.**

*As in accordance with the Rehabilitation of Offenders Act 1994 (Exceptions Order), all applicants to Birchwood Highland are not entitled to withhold information about convictions, which for other purposes of the Act are "spent". Please declare any convictions in the space provided or write "none" as appropriate, then sign and date below.*

Signature .....

Date .....

**All volunteers will be required to complete a Disclosure Scotland Application to obtain a satisfactory enhanced disclosure.**

**PLEASE ENSURE THAT YOU COMPLETE THE ATTACHED EQUAL OPPORTUNITIES MONITORING FORM, AND SEND IT ALONG WITH YOUR COMPLETED APPLICATION FORM.**

### DATA PROTECTION STATEMENT

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or a third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by the law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner.

## 8. DECLARATION

If any item of information given on this form is subsequently found to be false, I understand this could result in the Termination, Summary Dismissal or Variation of any offer of **employment**. I agree the company may approach **the named person(s) for references\***. I understand that completion of this form does not imply intent or obligation on the part of this organisation to provide voluntary work.

Signed		Date	
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### RETURN THIS FORM TO:

**Birchwood Highland, Head Office, 5 Wells Street, Inverness IV3 5JT**

**Telephone Number: (01463) 236 507**

**Email: [info@birchwoodhighland.org.uk](mailto:info@birchwoodhighland.org.uk)**



INVESTOR IN PEOPLE



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A COMPANY LIMITED BY GUARANTEE REGISTERED IN SCOTLAND 105400  
SCOTTISH CHARITY NUMBER SC003198