

Application for Volunteer Role



The Glenmore Trust, 9 Northumberland Street, Carlisle, CA2 5HD

All sections of this form must be completed, failure to do so may result in non selection for interview

Post applied for:

Area Willing to work:
Carlisle / Wigton / Penrith

PERSONAL INFORMATION

Title: Surname: Forenames:

Surname at birth (if different): Age: Date of birth:

NI Number: Nationality:

Permanent address:

Post Code

Address for letters (if different):

Post Code

Email address: Fax:

Home telephone: Daytime telephone:
(where a message may be left)

Are you registered with the ISA? Yes No ISA Reference Number:

Do you hold a current driving licence? Yes No Do you have access to a car? Yes No

Do you have any current endorsements? Yes No
If yes, please specify:

Are you eligible to be employed in the UK? Yes No

ADVERTISING AND PUBLICITY

Please indicate how you heard about this opportunity:

QUALIFICATIONS & TRAINING

Please give details of any qualification and training you have gained.

Qualifications / Training	Subject	Date Achieved	Relevant information

ADDITIONAL INFORMATION

Please give details of your hobbies and interests.

Have you done volunteering / befriending work before?

If yes, please give details of where this was and what it involved.

Can you please explain why you want to volunteer or do befriending for The Glenmore Trust?

Will you require any reasonable adjustments to be made to enable you to attend an informal interview?

Using the 'Essential' and 'Desirable' criteria outlined in the Person Specification, please provide relevant examples of your experience, knowledge, skills and abilities applicable to the post you are applying for.

REFEREES

Please give details of two responsible persons to whom you are not related & to whom reference can be made. One referee must be your present or most recent employer. If exceptionally you do not wish your present employer to be approached at this stage, please give reason:

FIRST REFEREE

Name:

Address:

Post Code

Telephone:

In what context does this referee know you?

SECOND REFEREE

Name:

Address:

Post Code

Telephone:

In what context does this referee know you?

DECLARATION

All information in this form will be treated as strictly confidential.

All successful applicants will be subject to a Criminal Record Disclosure from the Criminal Records Bureau. This is a requirement of the Care Standards Act 2000.

We have a positive approach to the recruitment and selection of ex-offenders, and all applicants are treated fairly.

However, failure to disclose any cautions or convictions at this stage could affect your offer of employment.

Have you ever been cautioned or convicted of any offence?

Yes No

If YES please give full details below

(Please note that due to the nature of work undertaken with vulnerable adults **NO** previous convictions can be classed as 'spent')

Details of offences:

I confirm that this application was completed by myself:

Yes No

If no please state the reason why?

I declare that the details given on this application are to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I am already appointed, I may be dismissed if I withhold relevant details or give false information.

All the information you have provided throughout this application will be shared with the Skills for Care National Minimum Data Set (NMDS). For an explanation as to why NMDS need your information please visit www.skillsforcare.org.uk.

Signed:

Date:

Name:

October 2010 RD