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| **Volunteer Application Form** |

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| **PERSONAL DETAILS (IN BLOCK/CAPITAL LETTERS)** |

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| --- | --- | --- | --- | --- | --- | --- |
| **SURNAME & TITLE** |  |  |  | **FIRST NAME** |  |  |
|  |  |
| **ADDRESS** |  |  |
|  |  |
| **TEL - Home:** |  |  | **Work:** |  |  |  | **Mobile:** |  |  |
|  |  |
| **E- mail** |  |  |
|  |  |

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| **TRAINING** |
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| Please tell us about any qualifications, courses or training that you have done that might be relevant to volunteering at MindOut  |
|  |
| **Course**  | **Date** | **Qualifications** |
|  |  |  |

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| **Please tell us about any experience that you have of paid or unpaid work**  |
|  |
| **List in date order with present or most recent first** |
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| Please continue on additional sheets if you need to expand this section. |

| **Name and Address of Employer** | **Job title and brief description of responsibilities** | **From** | **To** | **Reasons for leaving** |
| --- | --- | --- | --- | --- |
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| **Please tell us about why you want to volunteer for MindOut, what you hope to gain from the experience and what skills you think you will bring to the project.** |
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| *REFERENCES* |
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| Please give details of two people that we can contact for references. If you do not wish us to contact either referee before informing you, please make this clear.  |
|  |
| Name: |  | Name: |  |
|  |  |  |  |
| Job Title: |  | Job Title: |  |
|  |  |  |  |
| In what capacity do you know them? |  | In what capacity do you know them? |  |
|  |  |  |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Post code: |  | Post code: |  |
|  |  |  |  |
| Telephone: |  | Telephone: |  |
|  |  |  |  |
| E-mail: |  | E-mail |  |
|  |  |  |  |

| **APPLICANTS WITH DISABILITIES** |
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| MindOut LGB&T Mental Health Project is committed to employing people with disabilities. Please state any arrangements we can make to assist you, if called for interview or appointed to the post: |
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| Criminal Record |
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MindOut is legally required to obtain “enhanced” Criminal Records Bureau disclosures for all employees and volunteers. MindOut complies fully with the CRB Code of Practice and undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed. We will proceed with CRB checks if your application is successful.

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| **THIS SECTION WILL BE DETACHED AND WILL NOT BE SEEN BY THE SELECTION PANEL. IT WILL BE USED ONLY FOR MONITORING PURPOSES** |

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| **EQUAL OPPORTUNITIES IN EMPLOYMENT – STATEMENT OF POLICY** |
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| Would you please provide the following information which will be treated as confidential but which will assist us to monitor and implement our Equal Opportunities Policy. We would appreciate your co-operation. However, your application will not be affected by the information provided or if you choose not to complete part or all of this section. |

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| --- | --- |
| APPLICATION FOR THE POST OF: |  |

|  |  |
| --- | --- |
| Please state here where you saw the post advertised (e.g. Guardian, Voice) |  |

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| **DOB:** |  |  |

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| **How would you describe your gender?** |  | Female |  |  | Male |  |  | Other |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you or have you ever identified as transgender?** |  | Yes |  |  | No |  |  |

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| **How would you describe your sexual orientation?** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bisexual |  |  | Gay |  |  | Heterosexual |  |  | Lesbian |  |  | Unsure |  |  |

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| **Which category best describes your ethnic or cultural origin?** |

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| --- | --- | --- |
| **Asian** | **Mixed** | **White** |
|  |  |  |  |  |  |
| Asian British |  | Asian & White |  | British |  |
| Bangladeshi |  | Black African & White |  | Irish |  |
| Indian  |  | Black Caribbean & White |  | European |  |
| Pakistani |  | Other |  | Other |  |
| Other |  |  |
|  |  |  |
| **Black** | **Chinese or Other Ethnic Group** |
|  |  |  |  |  |  |
| Black British |  | Chinese |  | Gypsy |  |
| African |  | Arab |  | Traveller |  |
| Caribbean |  | Jewish |  | Other |  |
| Sudanese |  |  |

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| **If you have a religious belief, please specify** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you consider yourself to have a disability?** |  | Yes |  |  | No |  |  |