**Volunteer Application Form**

Headway East London - Registered Charity No. 1083910. Company No. 3998925.   
Affiliated to Headway - the brain injury association - a registered charity

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| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Address** |  |
| **Post code** |  |
| **Phone number** |  |
| **Email** |  |

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| **Why do you want to volunteer at Headway East London?** |
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| **What do you know about Headway East London and brain injury in general?** |
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| **Your interests-** Please tick the areas of volunteering that you are interested in | | | | | |
| Admin |  | Art/Craft |  | Discussion Group |  |
| Events |  | Film/Media |  | Fundraising/Campaigning |  |
| Gardening |  | Cooking/Baking |  | Music |  |
| Other |  | Please Specify: | | | |

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| **What skills and experience can you bring to Headway East London?** Please mention any particular interests you have which could be introduced as a new activity at the centre. |
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| **Is there anything you have difficulty doing or are unwilling to do?** |
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| **Which day/s are you available?**  We require volunteers to attend one day per week, 10am-3pm. | | | | | | | | | |
| **Monday** |  | **Tuesday** |  | **Wednesday** |  | **Thursday** |  | **Friday** |  |
| Please state the length you will be available to volunteer for (4-6 months minimum) | | | | | | | | | |
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| **Have you experienced a brain injury yourself?** |

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| **Yes** |  | **No** |  |

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| |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  |   **Do you consider yourself to have a disability?** |
| If so, what support would you need to volunteer? |

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| **Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975** | | | | | |
| **All volunteers are subject to an enhanced Disclosure and Barring Service (DBS) clearance** because of the nature of the voluntary work for which you are applying. You are required to disclose any criminal convictions which you have had and are not entitled to withhold information about convictions which, for other purposes, are ‘spent’ under the provision of the Act. Failure to provide this information could result in your dismissal. This information will be treated in the strictest confidence and will only be taken into account if it is relevant to your placement. | | | | | |
| **Do you have any previous convictions?** | | Yes |  | No |  |
| If yes please give details. | | | | | |
| **Signed** | **Date** | | | | |

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| **Please give names, addresses, telephone numbers and emails of TWO referees.** At least one should be someone who knows you in a work or study capacity. One can be someone who knows you well for at least three years (not a relative)**.**  **Please provide and write email addresses carefully.** | | |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Address** |  |  |
| **Post code** |  |  |
| **Tel Numbers** |  |  |
| **Email** |  |  |
| **How do you know them?** |  |  |
| **How long have you known them?** |  |  |

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| **Please give the contact details of the person who you would wish to be called in the event of an emergency or any concern?** | |
| **Name** |  |
| **Relationship to you** |  |
| **Number** |  |

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| **Please add any other information that you feel hasn’t been covered?** |
|  |

**Thank you for completing this form.**

**Please email:** [sheryl.buabin@headwayeastlondon.org](mailto:sheryl.buabin@headwayeastlondon.org)

**Or post to: HR Administrator**

**Headway East London; Timber Wharf Block B**

**238-240 Kingsland Road,**

**London E2 8AX.**

**MONITORING FORM**

**What is your ethnic group?**

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

1. **White**

British

Irish

Any other White background, please state:

1. **Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please state:

1. **Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please state:

1. **Black or Black British**

Caribbean

African

Any other Black background, please state:

1. **Chinese or other ethnic group**

Chinese

Any other, please state:

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| **Age Group** | | | |
| 18 – 30 |  | 31 – 44 |  |
| 45 – 65 |  | 65+ |  |

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| **How did you hear about Headway East London?** | | | | |
| Word of Mouth |  | Leaflet |  |  |
| College/University |  | Please specify: | | |
| Event/University Fair |  | Which one? | | |
| Internet |  | Which website? | | |
| Other |  | Please specify: | | |

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| **Employment Status** | | | |
| Full-time student |  | Part time student |  |
| Full-time employment |  | Part-time employment |  |
| Unemployed (seeking work) |  | Unwaged (not seeking work) |  |