

## HR VOLUNTEER APPLICATION FORM

<b>Title</b>	
<b>Name</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Post code</b>	
<b>Phone number</b>	
<b>Email</b>	

<b>Why do you want to volunteer at Headway East London?</b>

<b>What do you know about Headway East London and brain injury in general?</b>

<b>What skills and experience can you bring to Headway East London?.</b>

**Is there anything you have difficulty doing or are unwilling to do?**

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**Have you experienced a brain injury yourself?**

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**Which day/s are you available?**

<b>Monday</b>		<b>Tuesday</b>		<b>Wednesday</b>		<b>Thursday</b>		<b>Friday</b>	
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**Please state the length you will be available to volunteer for:**

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**Do you consider yourself to have a disability?**

**Yes**

**No**

**If so, what support would you need to volunteer?**

**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.**

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**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). We will approach the referee prior to interview.

**Please provide and write email addresses carefully.**

	Referee 1	Referee 2
<b>Name</b>		
<b>Address</b>		
<b>Post code</b>		
<b>Tel Numbers</b>		
<b>Email</b>		
<b>How do you know them?</b>		
<b>How long have you known them?</b>		

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

<b>Name</b>	
<b>Relationship to you</b>	
<b>Number</b>	

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

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**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.

## DIVERSITY MONITORING FORM

Headway East London (HEL) is an Equal Opportunity employer. HEL is committed to promoting equality of opportunity for all and welcomes staff from all sections of the community. In order to help monitor the effectiveness of our Equality and Diversity Policy you are asked to provide the information requested below.

We occasionally provide statistical anonymous data to local authorities when requested however we assure you that the information you have provided us remains confidential, anonymous and does not form part of your application. This section will be dealt with separately from your application form when it is received, and the information will not be taken into account when making the appointment. If you do not wish to answer a question you can select 'prefer not to say'.

**What is your ethnic group?** Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

### A White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ European
- ☐ Any other White background, please write in

### B Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed background, please write in

**C Asian or Asian British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please write in

**D Black or Black British**

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background, please write in

**E Other ethnic group**

- ☐ Arab
- ☐ Any other background, please write in

- ☐ Prefer not to say

**What was your age group at your last birthday?**

- ☐ 16 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 and over

☐ I prefer not to say

**What do you consider to be your religion?**

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religious belief / atheist
- ☐ Other (please specify)
- ☐ Prefer not to say

**Do you consider yourself to have a disability? (please tick all that apply)**

- ☐ No
- ☐ Yes
- ☐ Are you registered disabled? \*
- ☐ Prefer not to say

***\*A register or registers under the Care Act could cover people who: have a disability; or have a physical or mental impairment which is not a disability but which gives rise, or which in the future could give rise, to needs for care and support, or are any other category of persons the authority considers appropriate to include.***

**What do you consider to be your gender?**

- ☐ Male
- ☐ Female
- ☐ Non - binary
- ☐ I self – identify as
- ☐ Prefer not to say

**What do you consider to be your sexual orientation?**

- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Heterosexual
- ☐ Asexual
- ☐ Questioning / Unsure
- ☐ Other (please specify)
- ☐ I prefer not to say

**Where did you hear of this vacancy?**