**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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| **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 do you know about Headway East London and brain injury in general?** |
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| **What skills and experience can you bring to Headway East London?** Please mention any 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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| |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  |   **Do you consider yourself to have a disability?** |
| If so, what support would you need to volunteer? |

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

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

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| The Evening Service will be running **every Wednesday evening, 48 weeks of the year.** We ask volunteer to attend **from 3.30pm to 8.30pm.**  Please state the length you will be available to volunteer for (4 months minimum). |
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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. |

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| **Do you have any previous convictions?** | Yes | No |

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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** |
| **Name** |  |  |
| **Address** |  |  |
| **Post code** |  |  |
| **Tel Numbers** |  |  |
| **Email** |  |  |
| **How do you know them?** |  |  |
| **How long have you known them?** |  |  |

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

**Thank you for completing this form.**

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

**Or post to:**  **HR**

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

**238-240 Kingsland Road,**

**London E2 8AX.**