

VOLUNTEER APPLICATION

Please complete the form clearly in black ink or type. Please **do not** enclose a CV.

You may return this form by:

- Email to hrteam@kenwardtrust.org.uk
- Fax: 01622 815805
- Post: Kenward Trust Head Office, Kenward Road, Yalding, Kent ME18 6AH

If you have any queries, please telephone 01622 816087.

VOLUNTARY OPPORTUNITY APPLIED FOR:	
---	--

Personal Information

Forename(s):	
---------------------	--

Surname:	
-----------------	--

Previous Name(s):	
--------------------------	--

Address:	
Postcode:	

Telephone:	Home:	Work:	Mobile:
-------------------	--------------	--------------	----------------

Email Address:	
-----------------------	--

May we contact you at work/ at your existing voluntary placement?	Yes		No	
--	------------	--	-----------	--

Please tick as appropriate

Date of Birth:	
-----------------------	--

Do you hold a full current driving licence?	Yes		No	
--	------------	--	-----------	--

Please tick as appropriate

Are you eligible to work in the UK?	Yes		No	
--	------------	--	-----------	--

Please tick as appropriate

How did you hear about this opportunity?	
---	--

Education and Training

Professional/Vocational Training Most recent first. Include short courses, day release schemes and in-service training Potential volunteers invited for an informal discussion may be asked to produce copies of certificates and awards

Place & Method of Study	Length of Course Full/Part-time	Subjects Studied	Qualifications and Grade	Year and Awarding Body

Further Education Please list in chronological order. Potential volunteers invited for an informal discussion may be asked to produce copies of certificates & awards

College or University	Length of Course Full/Part-time	Subjects Studied	Qualifications and Grade	Year and Awarding Body

General Education

Please list in chronological order. Potential volunteers invited for an informal discussion may be asked to produce copies of certificates & awards

Secondary School	Dates	Subjects Studied	Qualifications and Grade	Year and Awarding Body

**Previous Employment or
Voluntary Placement
Details**

Please start with the most recent employer/voluntary placement and then list your previous employment/voluntary placement in REVERSE order. Please use an additional sheet if required.

From	To	Employer or Voluntary Placement's Name, address and nature of business/opportunity	Position held and/or summary of voluntary duties	Reason for Leaving

Health

Please state how many days sickness you have had over the past 3 years

If this total amount includes any continuous periods of more than five days, please provide details below:

Equal Opportunities

Certain disabilities or health problems do not preclude full consideration for a position with the organisation. If you have a disability or health problem, which might affect your ability to fulfil the role described in the volunteer role profile, please give details below. This will help us to determine how we might be able to meet particular requirements:

Applications from ex-offenders will be considered on their merit. Convictions that are irrelevant to the job advertised will not be taken into consideration but you are required to disclose any convictions that are not spent by virtue of the Rehabilitation of Offenders Act (1974).

Applicants will need to provide an enhanced reference from the Disclosure Barring Service.

If this applies to you, would you be prepared to provide such a reference?

Please tick as appropriate

Yes

No

Have you ever been convicted of a criminal conviction?

Please tick as appropriate

Yes

No

If yes, please give details of your conviction and sentence passed:

You are not obliged to disclose convictions that are spent by virtue of the Rehabilitation of Offenders Act (1974). All information will be treated in the strictest of confidence.

References

Any offer of voluntary placement is subject to receipt of two satisfactory references.
Please give the name, address and occupation of two referees (not relatives) below:

Name:	
Address:	
Telephone:	
Occupation:	
Email	

Name:	
Address:	
Telephone:	
Occupation:	
Email	

Personal Statement

Please give details of why you are interested in this voluntary opportunity and what you could contribute to it. Kenward Trust recognises that formal education and employment are not the sum total of a person's achievements and experience. Please give any other information about yourself that you feel may be relevant to the post for which you are applying. Please use an additional sheet if required.

--

Declaration

To the best of my knowledge the above statements are true. I understand that if I have withheld or mis-stated any information it may result in the refusal or termination of voluntary placement. I also understand that any written offer of voluntary placement is subject to satisfactory references and Enhanced DBS Check.

SIGNED: _____ Date: _____

Data Protection

I understand that the organisation will maintain a record of this information in accordance with the data protection act 1998. I hereby give my consent that the information held can be processed by the organisation for the purpose of this application.

SIGNED: _____ Date: _____

PERSONAL INFORMATION

To allow us to monitor our compliance with the Equal Opportunities Policy, you are asked to complete the questions below. It will be treated as **strictly private and confidential** and used for monitoring purposes only.

VOLUNTARY POSITION APPLIED FOR:	
--	--

Equality and Diversity

Kenward Trust is committed to an Equal Opportunities Policy. KENWARD TRUST believes that volunteers should reflect the cultural and ethnic composition of the community and the projects it serves. KENWARD TRUST will actively seek out, encourage and assist candidates from all cultural and ethnic groupings to take part in its activities.

A full copy of our 'Equal Opportunity Policy Statement' is available at your request.

Please tick as appropriate

Gender: Male Female **Date of Birth:**

Ethnic Origin:

<p><i>White:</i></p> <table style="border: none;"> <tr><td><input type="checkbox"/></td><td>British</td></tr> <tr><td><input type="checkbox"/></td><td>Irish</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<p><i>Mixed:</i></p> <table style="border: none;"> <tr><td><input type="checkbox"/></td><td>White and Black Caribbean</td></tr> <tr><td><input type="checkbox"/></td><td>White and Black African</td></tr> <tr><td><input type="checkbox"/></td><td>White and Asian</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Other
<input type="checkbox"/>	British														
<input type="checkbox"/>	Irish														
<input type="checkbox"/>	Other														
<input type="checkbox"/>	White and Black Caribbean														
<input type="checkbox"/>	White and Black African														
<input type="checkbox"/>	White and Asian														
<input type="checkbox"/>	Other														

<p><i>Asian or Asian British</i></p> <table style="border: none;"> <tr><td><input type="checkbox"/></td><td>Indian</td></tr> <tr><td><input type="checkbox"/></td><td>Pakistani</td></tr> <tr><td><input type="checkbox"/></td><td>Bangladeshi</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other	<p><i>Black or Black British</i></p> <table style="border: none;"> <tr><td><input type="checkbox"/></td><td>Caribbean</td></tr> <tr><td><input type="checkbox"/></td><td>African</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other
<input type="checkbox"/>	Indian														
<input type="checkbox"/>	Pakistani														
<input type="checkbox"/>	Bangladeshi														
<input type="checkbox"/>	Other														
<input type="checkbox"/>	Caribbean														
<input type="checkbox"/>	African														
<input type="checkbox"/>	Other														

Chinese

Other ethnic minority group: Please state:

Sexual Orientation:

<table style="border: none;"> <tr><td><input type="checkbox"/></td><td>Heterosexual</td></tr> <tr><td><input type="checkbox"/></td><td>Homosexual</td></tr> <tr><td><input type="checkbox"/></td><td>Bi Sexual</td></tr> </table>	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Homosexual	<input type="checkbox"/>	Bi Sexual	<table style="border: none;"> <tr><td><input type="checkbox"/></td><td>Prefer not to say</td></tr> </table>	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Heterosexual								
<input type="checkbox"/>	Homosexual								
<input type="checkbox"/>	Bi Sexual								
<input type="checkbox"/>	Prefer not to say								

Service users

Have you ever/or do you currently use one of our services?

<table style="border: none;"> <tr><td><input type="checkbox"/></td><td>Ex service user</td></tr> <tr><td><input type="checkbox"/></td><td>Current service user</td></tr> </table>	<input type="checkbox"/>	Ex service user	<input type="checkbox"/>	Current service user	<table style="border: none;"> <tr><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Prefer not to say</td></tr> </table>	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Ex service user								
<input type="checkbox"/>	Current service user								
<input type="checkbox"/>	No								
<input type="checkbox"/>	Prefer not to say								

Disability

Would you describe yourself as someone who has a physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities?

Yes No

If yes, please give details overleaf

Please indicate below which would best describe your impairment:

Physical impairment e.g. mobility, dexterity

Yes

No

Sensory impairment e.g. visual, auditory, speech

Yes

No

Mental Health Conditions e.g. Depression, Schizophrenia,

Yes

No

Learning/Cognitive impairment e.g. Dyslexia

Yes

No

Long standing illness/condition e.g. Cancer, HIV

Yes

No

Applicants with a disability are encouraged to contact Human Resources to let us know if there are any adjustments we can make to support you with the interview and, if successful, in the specified job role.

Data Protection

I understand that the organisation will maintain a record of this information in accordance with the Data Protection Act 1998. I hereby give my consent that the information so held can be processed by the organisation for the purpose of this application.

SIGNED: _____ DATE: _____

Please return this form together with your job application form to Human Resources at KENWARD TRUST.

Many thanks