**Private and Confidential**

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| **Opportunity interested in** (Please see description of services in Application Pack): | |
| Please complete all pages of this form as well as the **Equal Opportunities and Disability Monitoring Form**. \*All applicants must be over 18 years old \* | |
| **PERSONAL INFORMATION** | |
| Name: |  |
| Address: |  |
| Tel no: |  |
| Mobile no: |  |
| Email address:  (We use emails address for main source communication) |  |

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| **PREFERRED LOCATION/S (please tick as appropriate)** |

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| **Cambridge City** |  | **St Ives** |  | **South Lincolnshire** |  |
| **Cambridge surrounding areas** |  | **St Neots** |  | **Peterborough Surrounding Area** |  |
| **Fenland** |  | **Huntingdon** |  | **Huntindon surrounding area** |  |
| **Peterborough Office** |  | **Rural Peterborough** |  | **Remote volunteering online** |  |

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| **EMERGENCY CONTACT DETAILS** | |
| Name: |  |
| Relationship to you: |  |
| Contact no: |  |
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| **REFERENCES (Please provide the name and contact details of two people who could act as referees. They should not be related to you and can either be a previous employer or other professional person).**  **Referee 1:** | |
| Name:  Address:  Post code:  Email: |  |
| Relationship of referee to you: | |
| **Referee 2:** | |
| Name:  Address:  Post code:  Email: |  |
| Relationship of referee to you: | |

**SKILLS AND EXPERIENCE: To support your application, please use this space to tell us about your skills which you feel would benefit your application including the following:**

**What experience you have and your reason behind applying?**

**Do you feel in a place personally to support others?**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Availability | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Flexible |  |  |  |  |  |  |  |

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| **ENTITLEMENT TO VOLUNTEER – Please note a DBS is not required for all services. Please refer to Induction Letter.** |
| **Volunteering for CPSL Mind is subject to satisfactory Disclosure and Barring Service (DBS) clearance. CPSL Mind will process an enhanced DBS check for you to include regulated activities with vulnerable adults. Because of the nature of the work of volunteers in the organisation, the posts are exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, including those that are spent.**  Have you ever been convicted of a criminal offence? **🞏 Yes 🞏 No**  Have you any pending criminal charges? **🞏 Yes 🞏 No**  If yes to either of the above, please give details on a separate sheet. This information will be treated in the strictest confidence.  (*Convictions will not necessarily prevent you being offered a volunteering role*)  Do you agree to inform CPSL Mind of any future offences? **🞏 Yes 🞏 No** |
| If you are not a member of the European Economic Area, are you entitled to volunteer in the UK? **🞏 Yes 🞏 No**  Please provide a copy of the necessary documentation to support your right to volunteer in the UK. |

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| **Information provided by you in this application process will be kept for the purposes of monitoring and will be copied for use during the recruitment process. If you are successful, relevant information will be taken from this application to form your volunteer record.** |
| **DECLARATION** |
| **I confirm that the information on this form and in any attachments in respect of this application is correct. I understand that false or misleading information or failure to disclose a conviction as defined above, may lead to the withdrawal of a volunteering offer. I also understand that the information may be entered on a computer and, under the terms of the Data Protection Act 1998, will be treated in a secure and confidential manner.**  I understand and agree to the need for confidentiality in all aspects of my role as a CPSL Mind volunteer.  Signed: Date: |

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| **ADDITIONAL INFORMATION** |
| **The offer of a volunteering opportunity is subject to passing a short informal interview to establish suitability in line with the needs of the organisation, the receipt of acceptable references and a satisfactory DBS clearance.** |

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| **SUBMITTING APPLICATIONS** |
| To return your application please email this form as well as the completed Equal Opportunities and Disability Monitoring Form to: [volunteering@cpslmind.org.uk](mailto:volunteering@cpslmind.org.uk)  Please contact [volunteering@cpslmind.org.uk](mailto:volunteering@cpslmind.org.uk) – if you require a postal address |

**\* Please ensure you also complete the Equal Opportunities form \***