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| **For Office Use Only** |
| Start Date: |  | End Date: |  | Assigned to: |  |

**PLIAS Resettlement Volunteer Application Form**

PLIAS Resettlement is an equal opportunities organisation and is committed to making the services it provides open and equally accessible to all and to ensure that all clients are treated fairly and given equal opportunity to succeed.

Our service is confidential, and we operate by strict data protection guidelines.

*All volunteers are subject to a Disclosure and Barring Service (DBS) Check.*

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| Surname: | Forename(s): |
| Date of Birth: | National Insurance No: |
| Telephone No: | Mobile No: |
| Email Address: |
| Address:  |
| Postcode: |

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| **EMERGENCY CONTACT** |
| Name: | Relationship: |
| Phone: |  |

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| **ROLE MATCHING INFORMATION** |
| Volunteer role applied for (*if known*): |  |
| *Why do you want to volunteer?* |
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| *When are you available to volunteer?* |
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| **CRIMINAL RECORD** |
| Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office. |

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| **HEALTH DETAILS** |
| Do you have a physical or mental impairment which has a substantial and long-term effect on your ability to carry out day to day activities? Yes ÿ No ÿ  Please specify any special arrangements for work associated with any impairment. Please specify any special arrangements you will need to attend an interview. |
| Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer. |
| Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving. |
| Please list all absences from work in the past 12 months and the reasons for such absences. |

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| **Please return this form with your CV to:** |
| **PLIAS Resettlement Volunteering****E-mail: georgiana.bor@plias.co.uk****Tel: 07904680475** |