**Welfare Benefits Clinic Volunteer Application Form**

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| **Tell us who you are and how to get in touch with you** | | | |
| **Full Name** |  | | |
| **Address**  **including Postcode** |  | | |
| **Telephone**  **including STD Code** |  | **Mobile** |  |
| **Email** |  | | |

* **Your Availability**

|  |  |
| --- | --- |
| Please place an ‘X’ to indicate that you will be available on **Fridays from 9:30am to 5:00pm for at least 1 year**. |  |

|  |  |
| --- | --- |
| **Please cross if you are:** | |
| Available to volunteer at any time |  |
| In Education (third year uni or above, or similar) / In Training |  |
| In full-time work |  |
| None of the above |  |

|  |
| --- |
| **Use this section to tell us about your skills and interests** |
| **Tell us about any volunteering experience or any previous employment you have.** |
|  |
| **Do you have specialist skills, interests, hobbies or personal experience that you think maybe useful when volunteering for the Islington Mind Welfare Benefits Clinic?** |
|  |
| **Are there any particular skills you would like to develop by volunteering with Islington Mind?** |
|  |

* **Equal Opportunities**

Islington Mind understands the importance of reasonable adjustments to ensure working and volunteering environments are accessible to all. In order for us to consider any appropriate adjustments to the volunteer environment and better support you in your role, **please give details below of any adjustments needed to enable you to both attend an interview and perform the role of a volunteer (please note there will be ongoing opportunities to review this during your placement and we acknowledge required adjustments may not be clear until you are in the role)**

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Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** |  |  | **Yes** |  |  | If you have crossed yes, please summarise on a separate sheet |

Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

* **Who can we contact as referees?**

Please provide **TWO** referees. These can be a previous or current manager/supervisor/tutor in a paid/voluntary or educational position, a support/care worker, or another Islington Mind volunteer or member of staff.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referee 1)** | | |  | **Referee 2)** | | |
| Name |  | | Name |  | |
| Company and Address |  | | Company and Address |  | |
| E-mail |  | | E-mail |  | |
| Telephone |  | | Telephone |  | |
| **Professional Relationship to you** (manager, tutor, supervisor, trainer, etc.) | |  | **Professional Relationship to you** (manager, tutor, supervisor, trainer, etc.) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who can we contact in case of an emergency?** | | | |
| **Name** |  | **Relationship to you** |  |
| **Telephone** |  | **Mobile** |  |

* **Information about visas**

If you are from the European Union, you are free to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. Islington Mind is not able to sponsor volunteer visas.

* **Your details** will be kept in accordance with the Data Protection Act 2018. They will be held securely and confidentially. They will be accessed by authorised management.

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| --- | --- |
| **Please cross if you consent to Islington Mind storing your information in accordance with the** [GDPR and Islington Mind Privacy Policy](https://www.islingtonmind.org.uk/privacy-policy/) (without consent we are unable to process your application) |  |

I declare the information I have provided is true

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed** |  |  | **Date** |  |

Islington Mind is a registered charity in England and Wales 294535