

This form is designed to help you consider the volunteer role you are interested in taking

Name:		Date of Birth:	
Address (including postcode):		<u>Tel No.:</u> (Home): (Mobile): (Email):	
Do you hold a full, current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have access to a car and business insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section A - Current / Previous Work or volunteer experience:

Organisation(s):
Brief outline of duties undertaken:

Section C – Skills / Training:

Please detail relevant skills and training undertaken, including dates:

Section D - Education:

Please give details of your Educational achievements. Include most recent first:

From:	To:	Institution:
Qualification:		Level / grade:

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Qualification:		Level / grade:

From:	To:	Institution:
Qualification:		Level / grade:

Section F – Availability / Area of Interest:

Please tick the type of student / volunteer work in which you are interested (*tick all that apply*):

Helping in general administrative tasks <input type="checkbox"/> Fundraising <input type="checkbox"/> Working in Adult Services <input type="checkbox"/> Working in Children Services <input type="checkbox"/> Working in Family Support Hubs including our various activity groups <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify:</i>

Please indicate your availability (tick all that apply):

Any <input type="checkbox"/> Weekdays <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <i>Please specify:</i> Please specify any particular times during a week that you cannot volunteer: How many days per week are you happy to volunteer?:

Please indicate your preferred choice of location:

Location:

Referees:

Please supply the names and contact details of two referees – if possible one should be from your current / most recent paid or voluntary work. School or College leavers may list a head of Department as one referee. References must not be provided by family members.

Name:	Name:
Address (including postcode):	Address (including postcode):
Email:	Email:
Tel. No.:	Tel. No.:
Relationship to You:	Relationship to You:

Declaration

The information that you provide on this form will be used to process your application for student / volunteer work. All information that you give us will be used in a confidential manner to help us monitor our student / volunteer process. By signing this Student / Volunteer Enrolment Form we will be assuming that you agree to the processing of sensitive personal data, in accordance with the Data Protection Commissioner.

I understand that any student / volunteer offer is subject to satisfactory references, Disclosure & Barring check (as appropriate to the role) and a probationary period.

I already have a current Disclosure & Barring Service check: **YES** **NO**

I have subscribed to the DBS Updated Service: **YES** **NO**

I understand that if I have answered YES to the above question, it may not be necessary to undergo a further DBS check. I therefore agree to Autism East Midlands carrying out a Status Check to establish and confirm that my current DBS check is of an acceptable standard for the student / volunteer role. However, I accept that to fulfill this requirement, I must be able to provide the original DBS certificate.

DBS certificate number Date of birth

I understand that I will need to commit up to 5 training days plus annual refresher session.

I declare that:

NO, I do not have a close personal relationship with an Autism East Midlands employee

YES, I do have a close personal relationship with an Autism East Midlands employee
If yes, please give the employees name and describe the nature of the relationship:

Signed as a correct statement: -
(Typing name will be accepted as a signature)

Date: -

When completed please return form to the following address:

Email: Volunteers@autismeastmidlands.org.uk

May 2019