APPLICATION FOR VOLUNTEERING

working with disabled people

Personal details	Date of Birth (dd/mm/yyyy):
Title	**Full name**
Address **Postcode**	
Telephone number	
Email	
Do you hold a full driving licence? Yes	

Why do you want to volunteer for Enable Ability?

If known, which project are you applying for?

Do you have any relevant skills, qualifications or experience? **Please detail below:**

Referee details *(please provide details for 2 referees. Please note that one of these must have known you for at least 2 years. Neither can be a relative or someone you live with.)*

Referee 1

Title	**Full name**
Address **Postcode**	
Email address	
Telephone number	
Referee's relationship to you	
How long has this person known you?	

Referee 2

Title	**Full name**
Address **Postcode**	
Email address	
Telephone number	
Referee's relationship to you	
How long has this person known you?	

Medical Information

Please give details of any medical conditions you are affected by:

Eg asthma, epilepsy, heart conditions, diabetes

Please give details of any medication you may need during an activity

Do you have any allergies?

Do you have a disability?

If yes, how can we best support you at an activity?

Name of GP

Address

Telephone number of surgery

In event of emergency

Emergency contact name, telephone number and relationship to you

Effective recruitment

To help us with future recruitment please indicate how you found out about this vacancy.

Working in the UK

Do you have the right to work in the UK?	Yes
If YES, please note any conditions attached, for example time limitations	

ALL APPLICANTS MUST SIGN THE DECLARATION BELOW

Declaration: The information provided in this application form is true and complete. I understand that any offer of employment will be conditional upon satisfactory screening.

Please tick the statements that you are consenting to:

- ☐ I give permission to attend activities through Enable Ability
- ☐ I give permission to be given emergency medical treatment in my absence should it be required
- ☐ I give permission to appear in Enable Ability publicity (inc. Local / National Press, & the EA website)
- ☐ I consent to the information given in this application form and accompanying supplements being stored and processed in accordance with the in compliance with the GDPR and related UK data protection legislation

Signed:…… Date ……

If not submitted electronically via the website then please return this form to:

Volunteer Officer, Enable Ability, Landport Community Centre Charles Street,

Portsmouth PO1 1JD

The information given in this form will be used in an emergency situation. Some of the information is used for monitoring & evaluation purposes but is kept strictly confidential. If you have any questions, or require assistance completing this form please contact us on 023 9267 1874 (office) or send an email to the Enable Ability Volunteer Officer (eavolunteers@enableability.org.uk). All information will be treated as confidential.