

**Young Dementia Leeds**

**Application to Volunteer**

Please tell us who you are and how to get in touch with you. **Please write clearly**

First Name:…………………………………………………………………………………………….

Surname:………………………………………………………………………………………………

Address:……………..……………………..:……………………………………………………………………………………………………………………………………………………………………Postcode………………………………………………………

Telephone number:………………………………………………………………………………….

Email:…………………………………………………………………………………………….........

**Please tell us who we can contact to provide references for you.**

Please give the names and full addresses of two people we may approach on your behalf for a reference. Wherever possible, please provide professional, educational or voluntary position references. The referees should not be a relative or friend and should have known you for more than two years. Please make sure that the referee is aware that we will be contacting them. Please contact the HR Team on 0113 273 9676 if you have a query about the suitability of your references

**Referee 1:**

Name:

Address:

Postcode:

Tel:

Email:

How do you know this person:

………………………………………………………………………………………………………

**Referee 2:**

Name:

Address:

Postcode:

Tel:

Email:

How do you know this person:

**This section must be completed**

Please provide information around why you would like to volunteer with us. Please refer to the **Person Specification** and include information about which of these skills and qualities you have. You can include work and voluntary experience, skills, hobbies, personal experience and anything else you feel would be helpful. *If you want to give more information you can add a maximum of one additional sheet.*

# *Please continue on the next sheet if necessary*

**Please let us know approximately how many hours a week and the day(s) you may be available:**

|  |  |  |
| --- | --- | --- |
|  | **A.M**Please indicate times available | **P.M inc evenings**Please indicate times available |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |
| **Term Time only** | **Yes/No** | **Yes/No** |

**Are you eligible to be a volunteer in the UK?**

|  |  |
| --- | --- |
| Yes | No |

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. Community Links is not able to sponsor volunteer visas.

**Declaration**

You will appreciate that Community Links being responsible for the provision of services to people with mental health problems must be particularly careful to enquire into the background of applicants for posts for which involve contact with vulnerable groups.  The post is exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exception order 1975) and require that you declare any convictions or cautions you may have with details and dates, even if they would otherwise be regarded as ‘spent’ under the Act.  The successful applicant will be asked to apply (through Community Links) for an enhanced disclosure from the Disclosure and Baring service. Each applicant will be considered on their own merits and having a criminal record will not necessarily bar you from working with us.

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

|  |  |
| --- | --- |
| Yes | No |

If you have ticked yes, summarise details below. Having a conviction/caution will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

I declare the information I have provided is true.

# Signature: Date:

**What happens to my information?**

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will be accessed by authorised management.

Please return completed application to:

recruitment@commlinks.co.uk

**DIVERSITY MONITORING FORM (CONFIDENTIAL)**

Community Links recognises and actively promotes the benefits of a diverse workforce and is committed to treating all volunteers with dignity and respect regardless of age, race, gender, sexual orientation, religion or belief.We therefore welcome applications from all sections of the community.

This section of the application will be detached and used for monitoring purposes. We ask you answer the questions below by ticking the appropriate boxes. If you do not wish to complete any part of the monitoring information, you do not have to do so.

**1. Are you:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Female |
|  | Is this the gender you were assigned at birth |  | Yes |  | No |

**2. Are you:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bisexual |  | Gay |  | Heterosexual |  | Lesbian |

**3. Age group**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Under 25 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-65 |  | 65+ |

**4. Would you describe yourself as:**

**A White B Black or Black British**

|  |  |  |  |
| --- | --- | --- | --- |
|  | British |  | Caribbean |
|  | Irish |  | African |
|  | Any other White Background, please write in |  | Any other Black background, please write in |
|  |  |  |  |

**C Asian or Asian British D Dual Heritage**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indian |  | White and Black Caribbean |
|  | Pakistani |  | White and Black Indian |
|  | Bangladeshi |  | White and Asian |
|  | Any other Asian background, please write in |  | Any other Mixed background, please write in |
|  |  |  |  |
|  |
| **E** | Chinese or other ethnic group |  | Any other, please write in |  |

**5. Have you ever experienced a mental health problem/emotional difficulty?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**6. Do you consider yourself to have a mental health issue which has substantial and long term adverse effect on your ability to carry out normal day to day activities in line with the equality act 2010?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**7. Do you consider yourself to have a physical impairment which has substantial and long term adverse effect on your ability to carry out normal day to day activities in line with the equality act 2010?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**8. Do you consider yourself to be a carer?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |