**VOLUNTEER APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Address  Inc. Postcode |  | | |
| Telephone |  | Mobile |  |
| Email |  | | |

**Your Availability**

Please place an ‘X’ next to the times you are available for volunteering in the boxes below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | |
| AM |  | AM |  | AM |  | AM |  | AM |  | AM |  |
| PM |  | PM |  | PM |  | PM |  | PM |  | PM |  |

|  |
| --- |
| **About You** |
| Tell us about any volunteering experience or any relevant previous employment you have. |
|  |
| Are you applying for a specific vacancy or do you have specialist skills, interests or hobbies that you would like to use when volunteering for CANDU eg. Volunteer complementary therapist? |
|  |
| Why do you want to volunteer for CANDU? |
|  |
| Are there any particular skills you would like to develop by volunteering with CANDU? |
|  |

**Equal Opportunities**

We welcome applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. We can consider any appropriate adjustments to the volunteer environment to better support you in your role, please give details below of any disabilities or health issues.

|  |
| --- |
|  |

**Protection of Vulnerable Groups (PVG Scheme)**

CANDU is committed to the safeguarding and welfare of all service users and uses a thorough and rigorous volunteer selection process which includes a PVG/Disclosure check to ensure that this commitment is not compromised.

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

* Are you a member of the PVG Scheme?

PVG Scheme ID Number (In giving this number I consent for CANDU to use this number to verify my registration status).

Which type of Regulated Work are you Registered for (Adults, children or both)?

**References**

We require 1 reference from someone who knows you well. This can be either a professional or personal contact e.g. a current or previous employer, a college lecturer, support worker or person of good standing in the community. Neither of your references should be family members. If you require support identifying a suitable reference, please contact us.

NB. If you have previously been a CANDU service user, you may use a member of the CANDU team as a reference.

|  |  |
| --- | --- |
| **Referee** | |
| Name |  |
| Company & Address |  |
| E-mail |  |
| Telephone |  |
| Relationship to you |  |

**Emergency Contact**

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

**Data Protection**

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

|  |  |  |
| --- | --- | --- |
| Please cross if you consent to CANDU storing your information in accordance with the [GDPR and CANDU 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 |  |

Please return the completed form:

by e-mail to: [info@cancerdundee.org](mailto:info@cancerdundee.org)

by post to: CANDU

31 South Tay Street

Dundee

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