Application for Volunteering

**Personal Details**

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| --- | --- | --- |
| Forename(s): | | Surname: |
| Preferred title:  Preferred pronouns: | Address:  Postcode: | |
| Telephone number: | | Email address: |
| **Volunteering Information** | | |
| Availability for volunteering (please tick all that apply):  **Counselling volunteers must be available at least one evening or on a Saturday**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | Morning  (9-1) |  |  |  |  |  |  | | Afternoon  (1-5) |  |  |  |  |  |  | | Evening  (5-9) |  |  |  |  |  |  |   **Please tick to indicate that you are able to attend all of the initial training (dates outlined in the recruitment pack):** ⬜ | | |
| Volunteer roles interested in (please tick all that apply):  ⬜ Emotional support volunteer  ⬜ Volunteer counsellor  ⬜ Volunteer group facilitator | | |
| Is there anything we can do to make the training/volunteering role accessible for you? | | |
| For the volunteer training do you:  Have access to a computer (and an appropriate space to use it)? ⬜ Yes ⬜ No | | |
| Please let us know how you found out about this opportunity: | | |

**Training**

Please give details of qualifications or training related to the role(s)

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| --- | --- | --- |
| Provider | Course title/qualification | Date attended |
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**Voluntary or unpaid positions**

Please give brief details

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| --- | --- | --- | --- |
| Dates | Organisation and role | Responsibilities | Reason for leaving |
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**Employment History**

Begin with your most recent employment

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| --- | --- | --- | --- |
| Dates | Organisation and role | Responsibilities | Reason for leaving |
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**Supporting Statement**

On reading the role description(s) and person specification, please use the following space to indicate why you are applying for the role; what skills, competencies and experience you would bring to the post. Please do not include detailed and sensitive personal information on this form.

Your supporting statement should be no longer than 2 sides of A4.

**References**

Please give details of two people who can be approached for references. One of these should relate to your current or most recent employment, either on a paid or voluntary basis or both.

Counsellors should include a clinical supervisor, and counselling students should include a tutor.

Referees will be contacted if you are shortlisted for interview.

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Role |  |
| Relationship to you |  |
| Address |  |
| Telephone Number |  |
| Email |  |
| Length of time you have known the referee in the capacity listed above |  |

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Role |  |
| Relationship to you |  |
| Address |  |
| Telephone Number |  |
| Email |  |
| Length of time you have known the referee in the capacity listed above |  |

**Disclosure and Barring Service Check**

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure and Barring Service (DBS)checks to be undertaken

The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act will apply in this case.

For the purpose of this post you are required to undertake an enhanced (DBS) check. We ask that you disclose any convictions (spent or unspent) to the Volunteer Manager whether you feel they’re relevant or not prior to completing a DBS.

Please confirm your acceptance of this by signing below.

Signed ………………………………………………….

Date ………………………………………………….

**Data Protection**

We used the information you have supplied in this form for the purposes of recruitment and personal administration. The information in held securely and treated with the strictest confidentiality. We keep this information for the time periods defined in our Retention Policy. It is then destroyed securely.

If you would like to speak to us about your data, you can contact our Privacy Officer using the contact information detailed below.

**Isabel Owens, Privacy Officer**

RSACC, P.O Box 106, Darlington, DL3 7YS

01325 354 119, [isabel@rsacc-thecentre.org.uk](mailto:isabel@rsacc-thecentre.org.uk)

**Return completed application to:** [recruitment@rsacc-thecentre.org.uk](mailto:recruitment@rsacc-thecentre.org.uk)

# Equal Opportunity Policy

We are an equal opportunity Employer.

RSACC’s right to the recruitment of women employees only, has legal verification under the Sexual Discrimination Act 1975 section 7 (ii); amended in 1998 and 2008 and Schedule 9 Part 1 of the qualities Act 2010.

RSACC services and trustee, employment and voluntary opportunities are open to anyone who identifies as a women. This is fully compliant with the Equality Act 2010 and the United Nations Convention on the Elimination of all forms of Discrimination Against Women and Girls. (CEDAW)

*‘RSACC offers services to women and girls, who have experienced sexual violence, within a women-only safe space. It is an occupational requirement under the Equality Act 2010 for these posts to be filled only by people who identify as women. RSACC is an equal opportunity employer and is seeking qualified candidates who contribute to the diversity of the organisation’*

We have a policy to ensure no job applicant or Employee receives less favourable treatment on the grounds of disability, marital status, civil partnership, colour, race, or ethnic origin, age, nationality, religion, religious or philosophical belief, sexual orientation, gender re-assignment or is disadvantaged by conditions or requirements that cannot be shown by us to be justifiable.

We frequently review selection criteria and procedures to ensure that individuals are selected, promoted and treated on the basis of their relevant merits.

All our Employees are given equality of opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective.

To ensure this policy is fully and fairly implemented and monitored and for no other reason, would you please complete the table overleaf and return this form to us, together with your Application for Employment Form*.*

# Equal Opportunity Policy Form

(Please tick the box / enter the information to the right of your selection)

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| --- | --- | --- | --- |
| Gender identity  (please write) |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. WHITE | | | | | |
| British |  | Irish |  | Other White background  (Please specify) |  |

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| B. MIXED | | | | | | | |
| White and Black Caribbean |  | White and Black African |  | White and Asian |  | Other Mixed background (Please specify) |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| C. ASIAN OR ASIAN BRITISH | | | | | | | |
| Indian |  | Pakistani |  | Bangladeshi |  | Other Asian background (Please specify) |  |

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| --- | --- | --- | --- | --- | --- |
| D. BLACK OR BLACK BRITISH | | | | | |
| Caribbean |  | African |  | Other Black background  (Please specify) |  |

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| E. CHINESE OR OTHER ETHNIC GROUP | | | |
| Chinese |  | Other  (Please specify) |  |

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| F. ARAB OR MIDDLE EASTERN DESCENT | | | | | | | |
| Arab |  | North African |  | Iraqi |  | Kurdish |  |
| Other Middle Eastern background (Please specify) | | |  | | | | |

Under the Equality Act 2010 a person is considered to have a disability if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to-day activities. Based on this definition, do you consider yourself to be disabled?

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| --- | --- | --- | --- |
| DISABILITY | | | |
| Disabled |  | Not disabled |  |
| Prefer not to say |  |  | |

Signed ...........................................………………..

Print name ...........................................…..……………

Date ........………………………………………….

When completed, please return this form to us, together with your Application for Volunteering Form.