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| Areas of Interest/ Role: | | Location: |
| Have you applied to **ellenor** previously? Yes  No  Please insert brief details and date of previous application: | | |
| Title: | Surname: | Forenames: |
| Address: | | |
| Mobile Phone No: | | Home Phone No: |
| Email address: | | |
| Date of Birth: | | Taster Sessions completed: |

**In order to process your application, please complete this form and return to the HR Department at: ellenor, Coldharbour Road, Gravesend, Kent, DA11 7HQ, alternatively please scan your completed form to** [**hr@ellenor.org**](mailto:hr@ellenor.org)**.**

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| **References: Please supply the names of two people (Your referees should not be a relative and must be known to you for a minimum of 2 years).** Please Inform your references upon application to await contact from ellenor. | | | | |
| Name: | Relationship: |  | Name: | Relationship: |
| Contact No: | Email: | Contact No: | Email: |
| Address: | | Address: | |

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| Are there any reasonable adjustments which you feel should be made to the application process to assist you or to the volunteering role to enable you to carry it out? (Please tick)  Yes  No |

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| **Emergency contact details:** Please provide a suitable contact in case of emergency whilst volunteering for ellenor that we may contact on your behalf. | |
| **Full name:** | |
| **Address:** | **Relationship:** |
| **Mobile Phone No:** | **Home Phone No:** |

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| **Declaration:**  **Rehabilitation of Offenders Act 1974**  Some volunteer posts are exempt from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information about certain convictions. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions are protected and are not subject to disclosure to employers and cannot be considered. Guidance can be found on the Disclosure and Barring website.  Do you have any convictions, cautions, reprimands, or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI2013 1998.  YES  NO  **I understand that my application to volunteer will require a DBS disclosure check to be obtained by ellenor.**  **I agree to complete essential training applicable prior to volunteering.**  **By signing the declaration below, I consent to ellenor to contact referees provided with the objective of obtaining a written reference.**  Signed: Date: |

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| **Keep in touch with us!**  We provide support and comfort to people suffering with a life limiting illness, enabling them to do the things they love with the time they have left. We would love to keep in touch and keep you informed of latest news, future fundraising activities, appeals, lotteries and other ways in which you can support us.  Please tell us how we can keep in touch with you by ticking the options below and filling in your details:  **by email:  by SMS:**  **I do not wish to hear about ellenor by post or phone.** |

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| **All information contained in this form and any attachments will be treated in the strictest confidence,**  **and will be retained under the Data Protection Act 1988.** |