

**IN CONFIDENCE**

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| **APPLICATION FOR volunteering** | |
| **POST:** |  |
| **REFERENCE NO:** |  |
| **CLOSING DATE:** |  |

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| **APPLICATION INFORMATION** |
| 1. Applications cannot be accepted from persons who have used our services in the last year 2. The successful candidate(s) may be required to have an Access NI enhanced with relevant barred list check (please see job description for requirements) 3. A criminal record will not necessarily be a bar to obtaining a position 4. A copy of the Access NI Code of Practice, our Recruitment of Ex-offenders Policy, and our Disclosure Security Policy can be found on our website <https://belfastwomensaid.org.uk/work-with-us/> 5. Please complete all sections of this application form using black ink or type 6. Please return your completed application form by email or post to: [miriam.mcdermott@belfastwomensaid.org.uk](mailto:miriam.mcdermott@belfastwomensaid.org.uk) or: The HR Co-Ordinator, 30 Adelaide Park, Belfast, BT9 6FY |

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| **PERSONAL PARTICULARS** | | | | |
| Name: |  | | | |
| Address: |  | | | |
| Mobile: |  | Email: |  | |
| Do you currently possess a full and valid driving license? | | | |  |
| Is there any reason that you cannot work in a regulated activity?  *(If yes, please give details on separate sheet)* | | | |  |
| Preferred location if offered a volunteering position:  *(South Belfast, North Belfast, or Lisburn)* | | |  | |
| What days / times would you be available to volunteer? | | |  | |

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| **EMPLOYMENT / EDUCATION** | | | |
| Current or Last Employer: |  | | |
| Position Held: |  | | |
| Current or Relevant Courses of Study or Training: |  | | |
| **RELEVANT EXPERIENCE / SKILLS –** *Please give brief details**only in these areas:* | | | |
| Working with children or young people: |  | | |
| Working with victims of trauma: |  | | |
| Fundraising: |  | | |
| Admin, Reception & Office 365: |  | | |
| Languages: |  | | |
| Relevant Other: |  | | |
| **REFERENCES –** *Please give details of 2 referees who are not directly related or friends* | | | |
| **Referee 1 Name**: |  | Email: |  |
| Position: |  | Phone No: |  |
| Relationship to You: |  | Mobile No: |  |
| **Referee 2 Name**: |  | Email: |  |
| Position: |  | Phone No: |  |
| Relationship to You: |  | Mobile No: |  |