

Solent Mind Volunteer Application Form

Tell us who you are and how to get in touch with you

Full name:	
Telephone (including STD code):	
Mobile:	
Email address:	
Address (including postcode):	
<u>Skills and interests</u>	
Times and days available to volunteer:	
Tell us about any volunteering experience or any 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 Solent Mind?	
Are there any particular skills you would like to develop by volunteering with Solent Mind?	

Equal Opportunities

A) Solent Mind welcomes volunteer 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. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details of any disabilities or health issues.

In addition please complete the Equal Opportunities Monitoring Form and return this to us with this application form.

B) All convictions and police cautions, including those which would otherwise be “spent” under the Rehabilitation of Offenders Act 1974, must be disclosed as volunteers are likely to come into contact with vulnerable adults. For most volunteer roles you will subject to an enhanced check by the Criminal Records Bureau. Solent Mind will determine the relevance of any convictions to the role. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. All information provided by applicants will be treated as strictly confidential.

Have you ever had a criminal conviction or police caution? Yes No

If “yes” please give details on a separate page and enclose in an envelope.

Who can we contact as referees?

This can be two referees who are willing to provide references for you. This can be your previous employer or a personal reference from someone who has known you for over two years.

Referee 1

Name:

Address:

Tel No:

Email Address:

How do you know this person?

Referee 2
Name:
Address:
Tel No:
Email Address:
How do you know this person?
Who can we contact in case of an emergency?
Name:
Tel No:
Mobile:
Relationship to individual:
<p>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. Solent Mind is not able to sponsor volunteer visas.</p> <p>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.</p> <p>I declare the information I have provided is true</p>
Signed:
Date:
<p>For office use only: Volunteer start date: References collected: <input type="checkbox"/> Parental consent given for under 16 <input type="checkbox"/> Risk assessment conducted (if needed for reasonable adjustments) <input type="checkbox"/></p>

Thank you for completing this form. Please send the completed application form:
by email: wkennard@solentmind.org.uk
by post: **W Kennard, Solent Mind, HR, 54 Henstead Road, Southampton, SO15 2DD**



For better mental health

Equality and Diversity Monitoring - Volunteers

Solent Mind aims to provide equal opportunities and fair treatment for all volunteers. Please complete the form and email or post to the address at the end. The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.

We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our volunteer base. If you would like help in completing the form, please contact Wendy Kennard, HR & Office Coordinator 023 8020 8932.

Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

<p>Asian</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please write in)</p>	<p>Black</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background (please write in)</p>	<p>Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group (please write in)</p>
<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background (please write in)</p>	<p>White</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Any other White background (please write in)</p>	<p><input type="checkbox"/> Rather not say</p>

Age: _____ Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes No Rather not say

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Rather not say	Transgender
<input type="checkbox"/> Female		<input type="checkbox"/> F to M <input type="checkbox"/> M to F

Faith

Which group below do you most identify with?

<input type="checkbox"/> No religion	<input type="checkbox"/> Baha'i	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jain
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Other (please write in)	<input type="checkbox"/> Rather not say	

Sexual orientation

How would you describe your sexual orientation?

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Heterosexual or 'straight'
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Other	<input type="checkbox"/> Rather not say

Today's date:

Thank you for completing this form. Please send the completed form:

by email: wkennard@solentmind.org.uk

by post: **W Kennard, Solent Mind, HR, 54 Henstead Road, Southampton, SO15 2DD**