



APPLICATION TO UNDERTAKE VOLUNTEER WORK

Due to the nature of the Association's work, all successful applicants have an enhanced CRB check carried out on them. The Association complies fully with the CRB Code of Practice and a copy is available on request for applicants. It is important to note that having a criminal record will not necessarily prohibit a person obtaining a position with the Association.

Surname:

First Names:

Titles:

Date of Birth:

Address:

.....

Home Telephone: Work Telephone:

Have you had any previous contact with the Association? YES/NO

If yes, please give connection:

.....

.....

POSITION OF: Volunteer Work

Apprenticeships or training you have completed.

Please list any other skills which may be relevant to the work

Give details of your work history over the last five years.

Name of Employer	Date		Brief Details of Duties	Reason for Leaving
	From	To		

(N.B. Documented proof of qualifications will be required if application is successful)

What are your leisure time interests? If you have held any posts of responsibility in connection with these, please give details.

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References:

Give the names and addresses of three persons who would be willing to offer you a reference.

1.

2.

3.

The Association adopts a policy that requires a CRB Check to be carried out, because of the specific nature of the work undertaken with Young People.

I do/do not consent to a CRB Check being carried out.

Signature:

Date:

Please return this application form to the Human Resources Department at:

Forum Housing Association
2nd Floor
84 Market Street
Birkenhead
Wirral
CH41 6HB



PERSONAL INFORMATION DATA ENTRY FORM

To ensure that the information we are holding on our system is correct, please fill out this form and return it to your Manager as soon as possible.

Thank You.

Main Details	
Title:	Surname:
Forename 1:	Forename 2:
Known As:	(OPTIONAL) Date of Birth:
Job Title:	(IF KNOWN) Start Date:
Department:	Location:
Address Details	
Address:	Telephone Numbers:
	Home:
Postcode:	Mobile:
Person to Contact in Case of Emergency – Please specify the details of two people whom we may contact in the event of an emergency	
1 st Name:	2 nd Name:
Address:	Address:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Relationship:	Relationship:

Educational Qualifications and Training

Secondary educational qualifications (please include grades)

Further educational qualifications (please include grades)

Other qualifications, including membership of professional bodies

Relevant training and personal development (Please state who provided the training, duration & dates)

Equal Opportunities Monitoring Form

What is your gender?

Male Female:

How would you describe your ethnicity?

- A White:
- British
- Irish
- Any other White background Please indicate: _____
- B Mixed:
- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background Please indicate: _____
- C Asian or Asian British:
- Indian
- Pakistan
- Bangladeshi
- Any other Asian background Please indicate: _____
- D Black or Black British:
- Caribbean
- African
- Any other Black background Please indicate: _____
- E Chinese or Other Ethnic Group
- Chinese
- Any other Ethnic background Please indicate: _____
- F Prefer not to say

To which age category do you belong?

17 18 – 25 26 – 35

36 – 49 50 or over

Do you consider yourself to have a Disability?

Yes Don't know
No

If you answer 'Yes' to the above question, please give brief details (including Registration Number if applicable):

Do you consider yourself a member of the LGBT Community? (Lesbian, Gay, Bisexual & Transgender)

Yes Prefer not to say
No

How would you describe your religion/beliefs, if any?

Christian Hindu Muslim
No Faith Buddhist Jewish
Sikh Other Please Specify: _____
Prefer not to say

Declaration

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to Forum Housing Association processing the data supplied above in connection with monitoring compliance with its equality and diversity obligations and policy. I also agree to the storage of this information on manual and computerised files.

Signed:

Date:

Print Name:

