

# VOLUNTEER APPLICATION FORM

Please read the job description and/or other information prior to filling in the form.

Please return this form to Beena Solanki at the Shama Women’s Centre or email to volunteering@shamawomenscentre.co.uk

## POST APPLIED FOR:

Title: First name: Surname:





What skills can you bring to Shama?

Which languages are you able to speak?

39–45 Sparkenhoe Street Leicester

LE2 0TD

Telephone: 0116 251 4747 info@shamawomenscentre.co.uk [www.shamawomenscentre.co.uk](http://www.shamawomenscentre.co.uk/)

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When are you available from?

How many hours can you spare a week?

What days are you available (please tick)?

## EDUCATION

 

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Are you currently in education? If so what are you studying or have studied?

## RECENT EMPLOYMENT

Current or most recent employment (include unpaid and voluntary work)

Job title:

Employer:

Employer address:

Brief descriptions of duties

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## REFERENCES

Please give names and addresses of **two referees** who know you well enough to comment on your suitability for the post.

If you have not been previously employed, give the name of a responsible person who knows you well, but is **not a relative.**

REFEREE 1 Name:

Job title: Organisation: Address:

Relationship to referee: (eg line manager/friend)

Email:

REFEREE 2 Name:

Job title: Organisation: Address:

Relationship to referee: (eg line manager/friend)

Email: Phone:

## DECLARATION

I confirm to the best of my knowledge the information I have provided in this application form is true and correct.

Signed: Date:

# EQUALITY, DIVERSITY AND DATA MONITORING FORM

The information you enter on this equality and diversity monitoring form will be used for monitoring purposes only and will not be used in assessing and/or scoring your application or at interview stage.

This information is kept confidential and accessibility is strictly limited to individuals on a relevant basis.

## GENDER

What is your sex? Female Male Other

## DISABILITY

The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Equality Act 2010? Yes No

## ETHNIC BACKGROUND

Which of these ethnic groups do you identify with?

## Black/African/Caribbean/Black UK:

African Caribbean

Any other Black/African/Caribbean ethnic group:

## Asian/Asian UK:

Indian

Any other Asian background:

## White:

English/Scottish/Welsh/Northern Irish/UK 

Any other white background:

## Other ethnic group:

Arab

## AGE

What is your age group?

15-19 years

20-24 years

25-34 years

35-44 years

45-54 years

55-64 years

Over 65 years

## RELIGION OR BELIEF

What is your religion or belief?

No religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other religion

Prefer not to say

## SEXUAL ORIENTATION

What is your sexual orientation?

Towards someone of the same sex (this covers gay men and lesbians)

Towards someone of a different sex (this covers heterosexual men and women)

Towards someone of the same sex and of the opposite sex (this covers bisexual men and women) Prefer not to say

|  |  |
| --- | --- |
| **CARING RESPONSIBILITIES**(Only for use by projects where this is relevant) |  |
| Do you consider yourself to have caring responsibilities? | Yes | No |
| **DO YOU HAVE ANY CRIMINAL CONVICTIONS, CAUTIONS OR PENDING PROSECUTIONS? DATA PROTECTION ACT 1998** | Yes | No |

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems under the Data Protection Act 1998.

Signed: Date:

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION TO:**

Beena Solanki Volunteer Coordinator Shama Women’s Centre

39-45 Sparkenhoe Street Leicester LE2 0TD