

CLAPA VOLUNTEER APPLICATION FORM

FOR OFFICE USE ONLY
RECEIVED

INTERVIEW

INDUCTION

REFERENCE 1 2

PERSONAL DETAILS

Surname	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>	Home phone	<input type="text"/>
	<input type="text"/>	Daytime/mobile	<input type="text"/>
	<input type="text"/>		
Postcode	<input type="text"/>	E-mail	<input type="text"/>

Why are you interested in volunteering for CLAPA?

KNOWLEDGE, SKILLS AND EXPERIENCE

Please indicate in the boxes below the skills that you possess giving a brief explanation.

➤ Experience of Cleft Lip and/or Palate:

➤ Please rate your English language skills:

Fluent Basic Limited

➤ Other Languages (please list):

1..... Fluent Basic Limited

2..... Fluent Basic Limited

3..... Fluent Basic Limited

Please give details of work experience (paid or voluntary), relevant skills, knowledge, training and any achievements to support your voluntary application. Please refer to job description and person specification.

Please continue on a separate sheet if necessary.

Declaration of criminal convictions

Have you ever been convicted of a criminal offence?

(you do not need to disclose convictions deemed as spent under the Rehabilitations Act 1974)

Yes No

If yes, please give details of offences, sentences and dates on a separate page in a sealed envelope addressed to the Deputy Chief Executive and include with your application form. Any information provided will be treated in the strictest confidence with access limited to the Deputy Chief Executive and the line manager in cases where further discussion is needed to establish suitability for a particular role.

REFERENCES

Please give the names and addresses of two people who know you well and will supply references on your ability to volunteer for CLAPA. Where possible one should be a current or most recent employer, teacher or tutor. Family members cannot provide references.

May we approach them now YES/NO

1. Name		2. Name	
Address		Address	
Position		Position	
Phone		Phone	
E-mail		E-mail	

Equal Opportunities Monitoring Form

This sheet will be detached on receipt at CLAPA.

The details supplied are confidential and strictly for monitoring purposes only. Ethnic groupings are those agreed by the Commission for Racial Equality.

To which of these groups do you consider you belong? (Tick one box only)

A. White

British English Scottish Welsh Irish

Other, please write:

Any other White background, please write:

B. Mixed

White and Black Caribbean White and Black African White and Asian

Any other Mixed background, please write:

C. Asian

Asian British Asian English Asian Scottish Asian Welsh

Indian Pakistani Bangladeshi

Any other Asian background, please write:

D. Black

Black British Black English Black Scottish

Black Welsh Caribbean African

Any other Black background, please write in:

E. Chinese

Chinese British Chinese English Chinese Scottish

Chinese Welsh Chinese Other ethnic group Chinese

Any other background, please write in:

F. Other/Prefer not to say:

Other, Please write:

Prefer not to say

Gender

Male Female
Date of birth:

Age:

Where did you see this role advertised?

.....

Do you consider yourself to have a disability?

Yes No

The Disability Discrimination Act (1995) covers any individual who has a physical or mental impairment, which has a substantial or long-term adverse affect on his or her ability to carry out normal day to day activities.

Optional:

If yes, please give details of the nature of your disability and how we could best support you:

I confirm that to the best of my knowledge the information given on this form is correct.	
Signature:	Date:

Please return your application by email to **info@clapa.com**

By fax to: 0207 833 5999

Or by post to:

CLAPA
FREEPOST NAT7066
London
EC1V 1BR

Thank you very much for your application.