**VOLUNTEER**

**APPLICATION**

The information on this form will form part of your volunteering agreement if you are successful and is collected under the lawful basis of public task and processing contracts; it will be used for recruitment and other HR, line management or statutory procedures. We reserve the right to contact other relevant organisations to check factual information you have given in this application. **The information will be stored manually or electronically and will be disposed of after six months if your application is unsuccessful.**

**Please TYPE or complete by hand in BLACK ink & in BLOCK capitals.**

**VOLUNTEER POST YOU ARE APPLYING FOR:**

|  |  |
| --- | --- |
| **Title of vacancy:** |  |
| **Date seen:** |  |

**ABOUT YOU**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  |   | **Surname**  |   |
| **First Name(s)**  |   | **Postcode**  |   |
| **Address**  |   |
| **E-Mail Address**  |   |
| **Daytime Number**  |   | **Mobile** **Number**  |   |

# SPECIALIST SKILLS OR QUALIFICATIONS

Please give details of any relevant qualifications, specialist skills, courses you have attended.

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification / Course Name or Specialist Skill**  | **Awarding body / College / University** **(if applicable)**  | **Grade**  | **Date Achieved**  |
|   |   |   |   |
|   |   |   |   |

# PREVIOUS EXPERIENCE

 Please summarise your previous experience, employment and any volunteer work - covering at least the last 5 years. Please continue on a separate page if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name & Address** (if applicable) | **Post title or voluntary work carried out** | **Date From**  | **Date To**  | **Reason For Leaving**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

# REFEREES

 Please provide the contact details of a minimum of two suitable referees covering at least the last 5 years, this should not include close personal friends or relatives. Please continue on a separate page if necessary.

|  |  |  |
| --- | --- | --- |
|  **Referee 1**  |  | **Referee 2**  |
| Name  |   | Name  |   |
| Job Title or Occupation  |   | Job Title or Occupation  |   |
| Relationship to you  |   | Relationship to you  |   |
| Dates covered  |   | Dates covered  |   |
| Email address  |   | Email address  |   |

# STATEMENT OF SUITABILITY

|  |
| --- |
|  Please ensure you fully describe how you feel you can support the College and your areas of interest, providing examples of your experience and impacts you made in previous roles. Continue on a separate sheet if necessary.  |

# ELIGIBILITY, AGREEMENT AND SIGNATURE

## CONFIRMATION OF YOUR ELIGIBILITY TO WORK IN THE UK:

Are you eligible to work in the UK? YES NO

Do you require a work permit to work in the UK? YES NO

***Please Note:*** *The role for which you are applying involves substantial opportunity for access to vulnerable adults and/or children. It is therefore exempt from the Rehabilitation of Offenders Act 1974.* ***You will be asked at interview if you have any criminal convictions/cautions/actions pending even if they would otherwise be regarded as “spent” and you will be given an opportunity to discuss the matter at this stage.*** *The disclosure of a criminal record, or other information, will not debar you from volunteering at Sutton College, unless we consider that it makes you unsuitable for the appointment. In making this decision Sutton College will consider various factors which may be relevant. The outcome of this decision will be discussed with you by senior management as appropriate.*

The legal basis for collecting the information on this form is public task and contract.  For further information on data privacy at the College you can refer to our data protection policy at <https://www.suttoncollege.ac.uk/college/missions-policies/>. Individuals whose information is held and processed by Sutton College can be assured the information will be maintained in confidence and treated with all due care.

By signing & submitting this form, you are agreeing to and authorising Sutton College to check the information supplied herein and retain the information in both paper and electronic copies.

* I confirm that the information on this form is correct to the best of my knowledge.

* I understand that if I am accepted as a volunteer, my appointment will be subject to satisfactory references and DBS clearance and that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature  |   | Date  |   |

Please tick here if you are attaching any additional sheets to your application

(not including the Equal Opportunities Monitoring Form)

***Please return this form AND the Equal Opportunities Monitoring Form to the DIS Department***

 volunteering@suttoncollege.ac.uk or  Sutton College, St. Nicholas Way, Sutton, SM1 1EA

# Equal Opportunities Monitoring

Sutton Council and the College are also committed to ensuring equal access to employment and details from this form will allow us to identify any groups that are under-represented in our workforce. **The information you give us here will only be used for the purposes of HR Management & is separated from your application form upon receipt. By completing this form you will help us better understand how we, as an employer, ensure equality of opportunity for all.**

***Please TYPE or complete by hand in BLACK ink & in BLOCK capitals.***

*To mark tick boxes, please “double-click” on them then select “Checked”*

|  |
| --- |
| **ABOUT THE JOB YOU’RE APPLYING FOR** |
| **POSITION APPLIED FOR** |  | **REF NO.** |  |
| **WHERE DID YOU SEE THE ADVERTISEMENT?** |  |

|  |
| --- |
| **ABOUT YOU** *To mark tick boxes, please “double-click” on them then select “Checked”* |

**GENDER**

Male **[ ]**  Female **[ ]**  Transgender **[ ]**

Prefer not to say **[ ]**

**AGE (in years)**

16 - 24 **[ ]**  25 - 29 **[ ]** 30 - 34 **[ ]**

35 - 39 **[ ]** 40 - 44 **[ ]**  45 - 49 **[ ]**

50 - 54 **[ ]**  55 - 59 **[ ]**  60 - 64 **[ ]**

65 + **[ ]** Prefer not to say **[ ]**

**SEXUAL ORIENTATION**

Bisexual **[ ]**  Gay/Lesbian **[ ]**  Heterosexual **[ ]**

*Attracted to both sexes Attracted to the same sex Attracted to the opposite sex*

Other **[ ]**  Prefer not to say **[ ]**

**MARITAL STATUS**

Married / **[ ]**  Co-habiting **[ ]** Separated **[ ]**

Civil Partnership **[ ]**

Divorced / **[ ]** Widowed **[ ]**  Single **[ ]**

Dissolved Civil Partnership **[ ]**

Prefer not to say **[ ]**

**PREGNANCY AND MATERNITY** *Please check this box if this section is not applicable* **[ ]**

Are you currently pregnant? Yes **[ ]**  No **[ ]**  Prefer not to say **[ ]**

Are you currently on maternity leave? Yes **[ ]**  No **[ ]**  Prefer not to say **[ ]**

**RELIGIOUS BELIEFS**

Agnostic **[ ]** Atheist **[ ]** Buddhist **[ ]**

Christian **[ ]** Hindu **[ ]** Humanist **[ ]**

Jew **[ ]** Muslim **[ ]** No religion **[ ]**

Other **[ ]**  Sikh **[ ]** Prefer not to say **[ ]**

**ETHNIC GROUP**

***White Mixed or Multiple Ethnic Group***

British **[ ]** White and Black Caribbean **[ ]**

Irish **[ ]** White and Black African **[ ]**

Gypsy or Irish Traveller **[ ]** White and Asian **[ ]**

Any other White background **[ ]**  Any other mixed background **[ ]**

***Asian or Asian British Black or Black British***

Indian **[ ]** Caribbean **[ ]**

Pakistani **[ ]** African **[ ]**

Bangladeshi **[ ]** Any other Black background **[ ]**

Chinese **[ ]**

Any other Asian background **[ ]**

***Other Ethnic Groups***

Arab **[ ]** Other - **[ ]**

Prefer not to say **[ ]** Please specify: ………………………….

**DISABILITY**

*The Equality Act 2010, states that a person has a disability if* they have a physical or mental impairment and the impairment has a **substantial** and **long-term** adverse effect on their ability to perform normal day-to-day activities. Please refer to the Application Guidance Notes for the meanings of this definition.

**Do you consider yourself disabled?** Yes [ ]  No [ ]  Prefer not to say **[ ]**

|  |
| --- |
| If you have answered YES to the question above, please tell us of any arrangements, adjustments or adaptations which would help you to do this job? We will discuss any reasonable adjustments with you. |
|  |

**Thank you for completing this form.**

**Please return this AND the Application Form to the DIS Department**