******

**FOR OFFICE USE**

**REFERENCE NUMBER:**

**DATE RECEIVED:**

**CONFIDENTIAL**

### M32 VOLUNTEER APPLICATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Name*** | |  | | | | |
| ***Address*** | |  | | | | |
|  | | | | | ***Post Code*** |  |
| ***Telephone No*** | | |  | | | |
| ***Email*** |  | | | | | |
| ***Where did you hear of this volunteering opportunity?*** | | | |  | | |
| ***Do you have access to a car? YES/NO*** | | | | | | |

###### WORK EXPERIENCE – include any paid or unpaid work you have done

|  |  |  |  |
| --- | --- | --- | --- |
| ***Dates*** | Name & Address of Employer | ***Job Title*** | ***Reasons for Leaving*** |
|  |  |  |  |

***Please circle appropriate answer to following questions on volunteer commitment to Bristol Drugs Project.***

|  |  |
| --- | --- |
| *Are you able to commit to volunteering for BDP for a minimum of 6 months and attend required supervision sessions?*  *Will you be able to attend all the training dates? (please see the covering letter with this form or contact office for dates)*  *Have you been in treatment, prison or on any substitute prescribing programme within the last 2 years?* | **YES/NO**  **YES/NO**  **YES/NO** |
|  |  |

###### PERSONAL STATEMENT

Please use this space to tell us why you would like to be a volunteer at BDP, and about the experience, skills and personal qualities you would bring to it and expect to get from it. Remember that we are interested in your whole life experience. Applicants will be short listed on the basis of the relevance of the information given according to the ROLE SPECIFICATION – YOUNG PEOPLE’S GROUPS sent to you. We would particularly like to know about your knowledge of the needs of this client group, if you have any interest or hobby’s that you could share with the young people. Please continue on additional sheets if necessary, heading each with your name.

###### HEALTH

*We do not wish to be inflexible with regard to people’s health condition. Please state if you have any health condition you feel we should know about. This might include recurrent illness or regular treatment that you receive.*

*………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………*

*………………………………………………………………………………………………………………*

**DISCLOSURE OF CRIMINAL OFFENCES**

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)2 v2.3 and are not subject to disclosure to employers , and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at: [www.gov.uk/government/collections/dbs-filtering-guidance](http://www.gov.uk/government/collections/dbs-filtering-guidance)

Do you have previous criminal convictions? **YES / NO**

If ‘yes’ please list your convictions on a separate sheet of paper with your name. This information will remain confidential to the volunteer managers. We will also ask you to complete a Criminal Records Bureau check if you are successful in your application.

**REFEREES**

*Please give names and addresses of two referees, who are in the position of being able to comment on your ability to work in the project. They will only be contacted if you are selected.*

|  |  |
| --- | --- |
| *Name:*  *Address:*  *Postcode:*  *Email:*  *Relationship:* | *Name:*  *Address:*  *Postcode:*  *Email:*  *Relationship:* |
|  |  |

###### EQUAL OPPORTUNITIES

BDP is striving to become an Equal Opportunities Employer and service provider. It will be a condition of employment that you will be actively involved in the implementation of our Equal Opportunities Policy.

***SIGNED:***

***DATE:***

BDP, 11 Brunswick Square, Bristol, BS2 8PE. Tel: (0117) 987 6009