Avocados Advocacy CIC

Registered Business Address:

61 Bridge Street

Kington

HR5 3DJ

[www.avocadosadvocacy.com](http://www.avocadosadvocacy.com)

[info@avocadosadvocacy.com](mailto:info@avocadosadvocacy.com)

|  |  |
| --- | --- |
| Name: | Address: |
| Date of Birth: | Contact Number: |
| Care Experienced/ Care Leaver (please specify if applicable) | Contact Email: |
| Next of Kin: (whom you would want us to contact in an emergency) | If under 18 - Carer/Parent/Social Worker name and contact number for emergency (if different from next of kin): |
| Please tell us about yourself, your experience (personal and professional) that makes you interested in volunteering with Avocados Advocacy and what skills you have that you would like to use or develop. | |

|  |
| --- |
| Are you Working / Student / Retired / Not working / Other |
| Please provide details |

|  |
| --- |
| Tell us about any particular skills you have that you think would be useful for volunteer with us, or anything you would like to learn with us? |
| Any further information you feel is relevant in support of your application to volunteer: |
| What hobbies or leisure activities do you enjoy? |

**Availability**

|  |  |
| --- | --- |
| When would you be available? Please tick all that apply | 🞎 Daytime 🞎 Evenings  🞎 Weekends 🞎 Week days  🞎 School holidays 🞎 Term time |
| How much time can you give each week? |  |

**Driving**

|  |  |
| --- | --- |
| Do you have a full UK driving licence? | Yes No |
| Do you have access to a car? | Yes No |
| Do you have insurance? | Yes No |
| Does it include ‘business’ use? | Yes No |
| Is your licence clean? | Yes No |
| If not, provide details | |

**Health**

|  |  |
| --- | --- |
| Do you have, or ever had, a medical condition that may affect your work as a volunteer? | Yes No |
| If yes, provide details | |

**Convictions**

Rehabilitation of Offenders Act 1974

This post may involve you having access to vulnerable children and adults. Because of the nature of the role for which you are applying, this post is exempted from the provisions of the Rehabilitation of Offenders legislation. Applicants are therefore required to provide details of both spent and unspent criminal convictions, conditional discharges or cautions.

Information received will be treated in strict confidence. A criminal record will not necessarily be a bar to volunteering with Avocados Advocacy CIC. Undertaking a voluntary role will be subject to receipt of a satisfactory disclosure from the Criminal Records Bureau.

|  |  |
| --- | --- |
| Have you ever had any criminal convictions, conditional discharges or cautions?  If yes, provide details on a separate sheet | Yes No |

**References**

Please provide details of 2 people who can comment on your suitability for this role. We will only ask for a reference for the successful applicant after interview. Appointment will be on receipt of satisfactory references.

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Postcode | Postcode |
| Email | Email |
| Telephone | Telephone |
| Relationship | Relationship |

**Declaration**

Data Protection Act 1998

I understand that if I am successful the information provided will form part of my personnel record which will be retained for an unlimited period after I cease to be a volunteer. If I am not successful I understand that Avocados Advocacy CIC will retain the information for 6 months.

I confirm that the above information is correct. I understand that any false information or deliberate omissions will disqualify me from undertaking a voluntary role.

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

# Equality and diversity monitoring form

**Avocados Advocacy CIC** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

Avocados Advocacy CIC need your help and co-operation to enable it to do this but filling in this form is voluntary. All information is held confidentially and is anonymised to ensure confidentiality is maintained. This information is held following all GDPR regulations and Avocados Advocacy CIC uses It, if requested, for funding applications. This form is completely voluntary. If you would like to discuss this form or the use of the data gathered in more detail, please do speak to either Rachael or Katie.

Please return the completed form in the envelope marked ‘Strictly confidential’ to **Rachael or Katie**

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………….

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay 🗆 Lesbian 🗆 Bisexual 🗆

Prefer not to say 🗆 If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆