Please complete an retirn to: The Hub, Bushey Fields Hospital Site, Bushey Fields Road, Dudley DY1 2LZ, or email to: enquiries@bcmh.org.uk or simply hand it to a member of staff.

**AREA INTERESTED IN APPLYING FOR:**

**Please tick the box/es for the areas you are interested in.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Admin.  Phone calls  IT | Offering Support by telephone | Groups  Facilitating a support group  Drop In | Jolly Joggers or Walking Groups | Training  Supporting a training course  Delivering | Fund Raising  Marketing events  Planning  Creating ideas | Working with young people | Any particular area?  Dudley  Walsall  Sandwell  Wolverhampton  Wyre Forest |
|  |  |  |  |  |  |  |  |

**PERSONAL DETAILS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | Forename | | | | 3 | Last name | |
| 4 | Mr □ | Mrs □ | Miss □ | Other □ | 5 | Prefer not to say □ |
| 6 | Address: | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 7 | Post Code | | | | 8 | Email | |
| 9 | Home telephone | | | | 10 | Mobile telephone | |

**RELEVANT EXPERIENCE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11 | Please complete the following with previous work or voluntary experience if applicable | | | |
|  | **Work / Volunteer experience** | **Description of activities** | **Start date** | **End date** |
|  |  |  |  |  |
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**EXPECTED AVAILABILITY**

**It would be useful if you are able to indicate the times of day you are available. (This must be for a minimum of 6 months)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | | | Tuesday | | | Wednesday | | | Thursday | | | Friday | | | Saturday | | | Sunday | | |
| AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**OTHER**

|  |  |
| --- | --- |
| 12 | Any specific times ( relating to working patterns etc.,) |
|  |  |

**YOUR REASONS FOR APPLYING:**

|  |  |
| --- | --- |
| 13 | Please use this space to explain why you would like to volunteer and why you believe you would make a good volunteer for Black Country Mental Health |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| *(please continue on separate sheet if necessary)* | |
|  | |

**INTERESTS:**

|  |  |
| --- | --- |
| 14 | Have you any hobbies or interests |
|  |  |
|  |  |
|  |  |
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**LANGUAGES:**

|  |  |
| --- | --- |
| 15 | Can you speak any languages? |
|  |  |
|  |  |
|  |  |
|  |  |

**ACHIEVEMENTS:**

|  |  |
| --- | --- |
| 16 | What would you like to achieve/gain through volunteering with Black Country Mental Health? |
|  |  |
|  |  |
|  |  |
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|  |  |
| --- | --- |
| 17 | Is there any particular training you feel you would benefit from? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**REFERENCES:**

|  |  |  |
| --- | --- | --- |
| 18 | Please give the details of two referees. These may be past employers, college/university lecturers, support workers, friends etc. | |
|  |  | |
|  | **Referee One** | |
|  | Name |  |
|  | Address |  |
|  |  |  |
|  |  |  |
|  | Telephone |  |
|  | Please state the capacity in which you know Referee One: | |
|  |  | |

|  |  |  |
| --- | --- | --- |
|  | **Referee Two** | |
|  | Name |  |
|  | Address |  |
|  |  |  |
|  |  |  |
|  | Telephone |  |
|  | Please state the capacity in which you know Referee Two: | |
|  |  | |

**DECLARATION**

|  |  |  |
| --- | --- | --- |
| 19 | I understand that any offer of volunteering with Black Country Mental Health is subject to satisfactory references, and binding in honour only..  We would ask that you are able to give a commitment of at least six months. | |
| *In accordance with the General Data Protection Regulation I agree that Black Country Mental Health may hold and use personal information about me for volunteering purposes and to keep in touch with me. This information, including that contained in this form can be stored on both manual or computer files. It will be held securely and only accessed by authorised personnel.* | |
|  |  | |
|  | Signature |  |
|  | Date |  |

**Many thanks for your application. We will contact you as soon as possible to arrange an informal meeting to discuss your application and ways forward.**

**We look forward to meeting with you.**

**EQUAL OPPORTUNITIES:**

The information you provide here will only be used to help Black Country Mental Health monitor the diversity of its volunteers and will not be used in conjunction with your volunteer application. Please do not include your name on this document to ensure the information disclosed here remains confidential.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Sex** | Male □ | Female □ Prefer not to say □ | | | | |
|  | | | | | | | |
| 2 | **Age** |  |  | | | | |
|  | | | | | | | |
| 3 | **Ethnicity** | White: | | | British | | □ |
|  |  |  | | | Irish | | □ |
|  |  |  | | | Any other White background | | □ |
|  |  |  | | | *Please specify:* | | |
|  | | | | | | | |
|  |  | Black or Black British | | | Caribbean | | □ |
|  |  |  | | | African | | □ |
|  |  |  | | | Any other Black background | | □ |
|  |  |  | | | *Please specify:* | | |
|  | | | | | | | |
|  |  | Asian or Asian British | | | Indian | | □ |
|  |  |  | | | Pakistani | | □ |
|  |  |  | | | Bangladeshi | | □ |
|  |  |  | | | Any other Asian background | | □ |
|  | | | | | | | |
|  |  | Chinese or other ethnic background | | | Chinese | | □ |
|  |  |  | | | Any other | | □ |
|  |  |  | | | *Please specify:* | | |
|  | | | | | | | |
|  |  | Mixed | | | White and Black Caribbean | | □ |
|  |  |  | | | White and Black African | | □ |
|  |  |  | | | White and Asian | | □ |
|  |  |  | | | Any other mixed background | | □ |
|  |  |  | | | *Please specify:* | | |
|  | | | | | | | |
| 4 | **Nationality** |  | | | | | |
|  | | | | | | | |
| 5 | **Disability** | Under the Equality Act 2010 people identified with certain protected characteristics people have a legal right to fair treatment. The Act defines a disability as a physical, sensory or mental impairment which has, or had, a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities. | | | | | |
|  | | | | | | | |
|  |  | Do you consider yourself to be disabled within the definition of this legislation? | | | | | |
|  |  | Yes □ | | No □ | | Prefer not to say □ | |
|  | | | | | | | |
| If you have answered Yes to the above question and wish to give details of your disability, please enter these below: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

***Many thanks for completing this form. Please submit it with your application.***