**BASILDON MIND**

**VOLUNTEERS APPLICATION FORM**

**CONFIDENTIAL**

A white sign with black text

Description automatically generated with low confidence

**Personal Details:**

Title (Mr, Mrs, Ms, Dr etc):

Surname:

Forenames:

Permanent Address:

(inc. Postcode)

Telephone No.:

Work Telephone No.:

Mobile No.:

Email (optional):

**Education, Professional Qualifications and Other Training:**

‘O’ Levels or equivalent:

‘A’ Levels or equivalent:

Degree or equivalent:

Professional qualifications:

Training:

**Please give brief details of current full/part-time, paid/unpaid and/or any voluntary**

**work you are doing:**

**References:**

Please give the names and addresses of two referees who are able to provide details of your

suitability for voluntary work with Basildon Mind.

First Referee

Name:

Organisation:

Position:

Address:

Email:

Telephone no.:

Second Referee

Name:

Organisation:

Position:

Address:

Email:

Telephone no.:

**Criminal Convictions:**

Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Have you ever been convicted of a criminal offence? Yes/No (please delete as applicable)

If Yes, please give particulars. Because of the nature of the work for which you will be

involved, you must provide information about convictions under the provision of the

Rehabilitation of Offenders Act 1974. In the event of being accepted by Basildon Mind any

failure to disclose such conviction could result in your being asked to leave. Any such

information given will be treated in complete confidence.

I agree to disclose information as requested: Signed

I do not agree to disclose the information requested: Signed

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Place | Type of offence | Outcome |
|  |  |  |  |

**DBS Check:**

It is Basildon Mind’s policy that all staff and some volunteers are required to complete a Disclosure and Barring Service Application Form.

Do you agree to comply with this policy? Yes/No (please delete as applicable)

**Declaration**

To the best of my knowledge the information I have given on this Application Form is correct. I understand that the provision of false information may result in disqualification or the termination of voluntary work.

Signed: Dated:

If you have any queries regarding this application form, please do not hesitate to contact the Volunteers Coordinator on 01268 289700.

Please return your completed Application Form to:

Jill Foley

Volunteers Coordinator

Basildon Mind

37 East Walk

Basildon, Essex

SS14 1HA