

**Healthwatch Southwark (HWS) - Volunteer Application Form**

Thank you for your interest in volunteering with us. Please complete this application form and send it to the Healthwatch Southwark team.

**By email:** [info@healthwatchsouthwark.org](mailto:info@healthwatchsouthwark.org)

**By post:** 11 Market Place, Bermondsey, London, SE16 3UQ

If you need help with completing this application form, please email us on [info@healthwatchsouthwark.org](mailto:info@healthwatchsouthwark.org) or call 020 3848 6546

|  |  |
| --- | --- |
| Volunteer role you are applying for: |  |

1. **Personal information**

|  |  |
| --- | --- |
| Title: | Mr/ Mrs/ Miss/ Ms/ Dr/ Other - (Specify) |
| Surname: |  |
| Forename |  |
| Address: |  |
| Postcode: |  |
| Telephone number: |  |
| Mobile: |  |
| Email address: |  |

1. **Information about yourself**

|  |
| --- |
| Why do you want to volunteer with Healthwatch Southwark? |
|  |
| Please read the volunteer role description and describe the skills, experience and qualities you have that will help you in the role. |
|  |
| What are you hoping to gain from volunteering with Healthwatch Southwark? |
|  |
| What are your interests? |
|  |
| Do you have any concerns about volunteering or require any additional support? We ask this question so we’re about to provide any support needed to help make sure you get the most of your volunteering experience. |
|  |

1. **References**

We will request references from two nominated referees. Ideally, they should have known you for at least two years. If you have any difficulties with supplying referees, please let us know.

Reference 1

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Relationship to you: |  |

Reference 2

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Relationship to you: |  |

1. **Your availability**

What days and times are you available to volunteer?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Weekends |
| AM |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |

HWS Equality Monitoring Form

As part of our commitment to equality of opportunity, we need to obtain information about the characteristics of our volunteer applicants and volunteers.

Any information provided will be kept confidential and will only be used for the purposes detailed above – it will not be considered during the volunteer application process.

Equality & diversity monitoring questions

We are asking the following equalities questions to ensure that we are engaging with and hearing from a diverse range of people that reflect Southwark communities. If you would prefer not to answer, please select 'Prefer not to say'.

1. **Age**

|  |  |  |
| --- | --- | --- |
| * <18 | * 35-44 | * 65-74 |
| * 18-25 | * 45-54 | * 75+ |
| * 26-34 | * 55-64 | * Prefer not to say |

1. **Gender/gender identity**

|  |  |  |
| --- | --- | --- |
| * Female | * Non-binary | * Prefer not to say |
| * Male | * Other |  |

1. **Ethnicity/ethnic background**

|  |  |  |
| --- | --- | --- |
| * Arab/Arab British | * Black/Black British - African | * White British/ English/Scottish/ Welsh/Northern Irish |
| * Asian/Asian British – Bangladeshi | * Black/Black British - Caribbean | * White Irish |
| * Asian/Asian British - Chinese | * Black - other | * White European |
| * Asian/Asian British - Indian | * Latin American | * White Traveller/ Irish Traveller/ Gypsy |
| * Asian/Asian British – Pakistani | * Mixed – Asian and White | * Other |
| * Asian – other | * Mixed – Black African and White | * Prefer not to say |
| * Kurdish/Kurdish British | * Mixed – Black Caribbean and White |  |
| * Turkish/Turkish British | * Mixed – other |  |

1. **Do you consider yourself to have a disability?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Don’t know |
| * Prefer not to say |  |  |

1. **Do you have any unpaid caring responsibilities?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Don’t know |
| * Prefer not to say |  |  |

1. **What is your employment status?**

|  |  |  |
| --- | --- | --- |
| * Full time employed | * Unemployed | * Part-time employed |
| * Student * Prefer not to say | * Retired | * Other |

1. **Do you have refugee or asylum seeker status?**

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Don’t know |
| * Prefer not to say |  |  |

Thank you