

**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 post:** Healthwatch Southwark, 11 Market Place, Bermondsey, SE17 3UQ **By email:** [info@healthwatchsouthwark.org](mailto:info@healthwatchsouthwark.org)

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

|  |  |
| --- | --- |
| 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. This information enables us to examine the success rate of candidates for volunteering, training, transfer and promotion. This will also help us examine whether the distribution of volunteers in the organisation and the success rate of applicants reflects equal opportunities or reveals possible discrimination.

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.

***Please double click the box of your choice and select the checked option.***

How would you describe your gender?

|  |  |  |
| --- | --- | --- |
| Female | Male | Non-binary |
| Prefer to self-describe as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

Transgender - is your gender identity different to the sex you were assumed to be at birth?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

Pregnancy and Maternity

|  |  |
| --- | --- |
| I am pregnant | I have given birth within the last 26 weeks |
| Not applicable | Prefer not to say |

Please give your date of birth

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What is your sexual orientation?

|  |  |  |
| --- | --- | --- |
| Bisexual | Heterosexual/straight | Gay woman/Lesbian |
| Gay man |  |  |
| Prefer to self-describe as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

Do you consider yourself to belong to any religion?

|  |  |  |
| --- | --- | --- |
| Buddhism | Christianity | Hinduism |
| Islam | Judaism | Sikhism |
| No religion |  |  |
| Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

What is your ethnic background?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian, or**  **Asian British** | **Black, or**  **Black British** | **Mixed/ multiple**  **Ethnic groups** | **White** | **Other** |
| Chinese | African | Asian & White | British/English/Scottish/  Welsh/Northern Irish | Arab |
| Indian | Caribbean | Black African & White | Gypsy/Traveller | Latin American |
| Pakistani | Black Latin American | Black Caribbean & White | Irish | Turkish |
| Bangladeshi | Other | Other | European | Kurdish |
| Vietnamese |  |  | Other | Other |
| Other |  |  |  |  |
| If any ‘other’ ethnic background, please state here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Prefer not to say | |

Do you consider yourself to have a disability? Please tick all that apply

Under the Equality Act 2010 a disability is defined 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'.

|  |  |  |
| --- | --- | --- |
| Long standing illness or health condition e.g. cancer, diabetes, HIV, etc | | |
| Learning disability | Specific learning difficulty (e.g. dyslexia, ADHD, dyspraxia) | Autistic Spectrum conditions |
| Mental Health condition | Brain injury | Neurological disorder |
| Physical or mobility | Hearing | Visual |
| Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Prefer not to say |

Do you look after, or give any help or support to a family member, friend or neighbour because of long term illness or disability, mental ill-health or problems related to old age?

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

Thank you