



Volunteer Application Form

Name: _____

Address: _____

Date of Birth: _____

Telephone Number: _____ (Day)
_____ (Evening)
_____ (Mobile)

email: _____

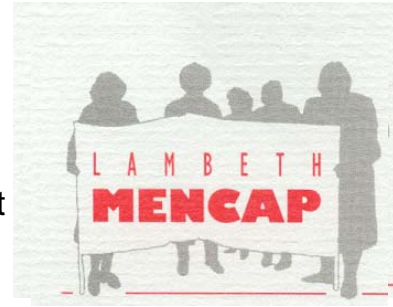
Please tell us why you are interested in doing voluntary work:

Please tell us about any experience you have that will be relevant to supporting people with learning difficulties:

Please tell us about the skills, experience and personal qualities that you can bring to Lambeth Mencap:

References:

Please give the names and contact details of two people who can be asked for information about you. They must not be your partner or a family member. At least one of them must be a professional e.g. past employer, tutor.



1st Referee:

Name _____

Relationship to you: _____

Telephone Number: _____

Address: _____

2nd Referee

Name _____

Relationship to you: _____

Telephone Number: _____

Address: _____

I declare that the information I have given is correct

Signed: _____

Date: _____

Please note that all information given on this form will be treated as strictly confidential.
Email this form to: awickes@lambethmencap.org.uk

Lambeth Mencap,
43, Knights Hill, West Norwood, London SE27 0HS
Tel for enquiries: 0208-655 7711

Lambeth Mencap

Rehabilitation of Offenders Act

As a potential volunteer who could have substantial access to vulnerable people, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account, so disclosure need not necessarily be a bar to obtaining this position.

Please answer the questions below and return this form in the envelope provided. The information contained will be treated with the strictest confidence.

Have you ever been convicted in the courts or cautioned, reprimanded or given a final warning by the police? (Note that the post you have applied for is excepted from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed.)

YES / NO (please delete)

If yes, please full details of offences, penalties and dates:

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

YES / NO (please delete)

If yes, please give details:

Name: _____ Signed: _____ Date: _____

LAMBETH MENCAP

EQUAL OPPORTUNITIES MONITORING FORM

Lambeth Mencap is committed to equality of opportunity throughout its services. In order to monitor our progress we would like you to fill in this form. You are assured that this information will be kept in the strictest confidence and used only for monitoring the effectiveness of our equal opportunities policy.

Please tick the appropriate places.

Are you a woman a man

How would you describe yourself?

Asian or Asian British Bangladeshi
 Indian
 Pakistani
 Any other Asian

Black or Black British African
 Black other

Mixed Asian & White
 Black & White African
 Black & White Caribbean
 Any other mixed background

Other Ethnic Groups Chinese
 Vietnamese
 Other
White British

Irish
 Portuguese

Other

These racial groupings are only representative of the population in Lambeth. Please specify your racial grouping if it has not been included above:

Do you have a Learning difficulty
 Physical disability
 Sensory impairment
 Mental health difficulties

Thank-you for filling in this form.