

VOLUNTEER/STUDENT PLACEMENT APPLICATION FORM

| | | | |
|---|------------------------|------------|--------|
| Name: | Age: | | |
| Address: | Gender: | Male | Female |
| | Marital Status: | | |
| | Telephone: | | |
| | Mobile: | | |
| Postcode: | Email: | | |
| Do you hold a current British driving licence: | | Yes | No |
| Previous or present training and qualifications: | | | |
| | | | |
| | | | |
| Present Employment: | | | |
| | | | |
| Between what dates would you be available to work: | From: | To: | |

Please answer each of the following questions on a separate sheet of paper:

1. Please state any previous relevant experience
2. Please state your personal hobbies and interests
3. Please state your expectations and why you chose Badaguish
4. Please give the names, addresses and telephone numbers of 2 people who are willing to act as referees.

If you are not in employment, please nominate your last employers as one of your referees.
For college and university graduates and those who have not been in permanent/temporary or vocational employment, please supply the names and addresses of 2 character referees.

EQUAL OPPORTUNITIES

The Trust recognizes the need to ensure equal opportunity for its employees and job applicants. The Trust's policy outlines its commitment to eliminate discrimination on the grounds of sex, marital status, race, colour, ethnic or national origin, age, disability or any other non job-related factors. Your application will be treated in accordance with this policy.

REHABILITATION OF OFFENDERS ACT 1974

The nature of the post for which you have applied requires confirmation that you have no convictions for criminal offences, or criminal proceedings pending which would reflect upon your suitability for appointment. You are not entitled to withhold information regarding a previous conviction that is 'spent' under the Act.

Do you have any criminal convictions or impending charges against you Yes No
(this will not necessarily discount you from being considered for the post)

I hereby consent to verifying this information:

Signed: _____ Date: _____

I believe the information on this form to be correct and understand that any false statement may disqualify me from appointment or may render me liable for dismissal.

WHO TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____
Address: _____ Telephone: _____
Mobile: _____

Postcode: _____

Please return this form to:

Silvie MacKenzie, Care Manager, Badaguish, Aviemore, PH22 1QU. Tel: 01479 861285. Fax: 01479 861258
Please enclose 2 written references and a Disclosure Document if available or a Police check from your Country of Residence.