If you would like to volunteer for Studio Upstairs please complete and return this form to opportunities@studioupstairs.org.uk

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| Telephone: | Mobile: |
| Email: | |
| Days and times available to volunteer:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Monday  (Bristol Only) | Tuesday | Wednesday (Dalston only) | Thursday | Friday  (admin/ remote only) | | In person? | Yes/ No | Yes/ No | Yes/ No | Yes/ No |  | | Remote? | Yes/ No | Yes/ No | Yes/ No | Yes/ No | Yes/ No |   Are you available to volunteer for a minimum of 6 months? Yes/No  If No, how long are you able to volunteer for? | |
| How did you find out about our volunteer opportunities? | |

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| --- |
| Please see the Opportunities page on [www.s](http://www.solentmind.org.uk/)tudioupstairs.org.uk  for all available Volunteer Roles. Please indicate in the section below the Volunteer Role you are applying for. If you are applying for more than one role please indicate the preference order. |
|  |

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| **Your Experience & Skills**  Please tell us:   1. Why do you wish to volunteer for Studio Upstairs? 2. What skills and interests you wish to develop through volunteering? 3. What skills and experience you can offer to the charity. You can also attach a CV |
|  |

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| **CRIMINAL OFFENCES**  All convictions and police cautions, including those which would otherwise be “spent” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013), must be disclosed as volunteers are likely to come into contact with vulnerable adults. For some volunteer roles you will be subject to a check by the Disclosure & Barring Service. Studio Upstairs will determine the relevance of any convictions to the role. |
| ***Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 ?***  **Yes / No\*** *(\* - delete as applicable)* |

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| --- | --- |
| **Health declaration –** To help us to assess any additional support required: | |
| Do you have a health condition or are you taking any medication that could reasonably affect your ability to volunteer at Studio Upstairs?  (If yes, we may wish to discuss this with you) | YES/NO |
| Do you have a disability for which special arrangements or adjustments are needed?  (If yes, we may wish to discuss this with you) | YES/NO |

|  |  |
| --- | --- |
| **References**  **Who can we contact as your referees** | |
| Name | Name |
| Address | Address |
| Email Address | Email Address |
| Telephone Number | Telephone Number |
| How do you know this person | How do you know this person |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Next of Kin/Emergency**  **Contact Details (1)** | | Can be contacted in an Emergency | | | | | Yes | No |
| Surname: |  | | First Name(s): | |  | | | |
| Contact Tel No: |  | | Relationship: | |  | | | |
| Mobile Tel No: |  | | Work Tel No: | |  | | | |
| Address: |  | | | | | | | |
|  | | | | Postcode | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Next of Kin/Emergency**  **Contact Details (1)** | | Can be contacted in an Emergency | | | | | Yes | No |
| Surname: |  | | First Name(s): | |  | | | |
| Contact Tel No: |  | | Relationship: | |  | | | |
| Mobile Tel No: |  | | Work Tel No: | |  | | | |
| Address: |  | | | | | | | |
|  | | | | Postcode | |  | | |

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| **Information about visas**  If you are from the European Union, you are free to volunteer in the UK. For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out.  Studio Upstairs is not able to sponsor volunteer visas. |

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| **Data Protection**  Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. |

|  |
| --- |
| **Declaration**  **I declare the information I have provided is true** |
| **Signed** |
| **Date** |

|  |  |  |
| --- | --- | --- |
| **FOR STUDIO UPSTAIRS STAFF ONLY** | | |
| **Volunteer application successful** | **Yes** | **No** |
| **Project name :** | | |

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGE** | 18 - 25 | 26 - 40 | 41 - 55 | 56 - 65 | 65 + |
| **GENDER** | MALE | FEMALE | OTHER |  |  |

**ETHNICITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Black British |  | Asian British |  | White British |  |
| Black African-Caribbean |  | Bangladeshi |  | White Irish |  |
| Black African |  | Indian |  | White Other |  |
| Black Other |  | Pakistani |  | Mixed |  |
| Chinese |  | Gypsy |  | Other |  |

**DISABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility difficulties |  | Epilepsy |  |
| Manual dexterity difficulties |  | Dyslexia/other learning difficulties |  |
| Visual impairment |  | Mental Health difficulties |  |
| Hearing impairment |  |  |  |

**EMPLOYMENT STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| Employed Full Time |  | Employed Part Time |  |
| Self Employed |  | Unemployed |  |
| Volunteering |  | Retired |  |

**EDUCATION STATUS ACCOMMODATION STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| *Are you currently in:* |  | *Where are you currently living:* |  |
| Full Time Education |  | Mainstream Accommodation (owner, rented etc) |  |
| Part Time Education |  | Sheltered Housing |  |
|  |  | Night Shelter/Emergency Sheltered |  |
|  |  | Other: |  |