

<p>FOR OFFICE USE ONLY</p> <p>Date received:</p> <p>Area of Interest:</p> <p>Action taken:</p>	<p align="center">Please complete and return to:</p> <p align="center">Nishkam Civic Association (NCA) Nishkam Centre 6 Soho Road Handsworth Birmingham B21 9BH</p> <p align="center">T: 0121 515 4229 F: 0121 515 0009 E: volunteering@ncauk.org</p>
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NCA VOLUNTEER APPLICATION FORM

Volunteers role applied for (if known): _____

Contact details

Name:	Title:
Address:	
	Date of Birth:
Postcode:	Mobile:
Telephone:	Current Drivers Licence: Y / N
Email:	Do you have use of a car? Y / N

Declaration of criminal offences

Please disclose here any convictions for criminal offences which are not spent under the Rehabilitation of Offences Act. You are advised to disclose any charges which are or maybe pending:

Details of 2 referees (professional / academic / employer / volunteer organisation):

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Postcode	Postcode
Telephone Number:	Telephone Number:
Mobile Number:	Mobile Number:
Email:	Email:
Can we contact this referee now? Yes / No	Can we contact this referee now? Yes / No

Volunteering details

What has attracted you to the idea of volunteering at the NCA?

Helping people: [] Social opportunities: [] Personal development []

Professional development: [] Other – please state below: []

Availability

Any amount of time you give is valuable to us, be it an hour every now and then or a regular commitment. We would endeavour to discuss with you to tailor your volunteering requirements in person. Please state below your availability to volunteer:

One off events: [] Every month: [] Every week: []

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Employment History – Please state your last 3 employment / volunteering experiences

From/To (Month/Year)	Name of employer / Job title / brief details of the work you did

Education History and details of other training you have undertaken that you consider relevant

From/To (Month/Year)	Name of establishment / course / grade

Supporting Statement

Please explain the basis for you applying to the NCA and the skills, knowledge, qualifications and experience that you feel you have in support of your application. Include any interests and volunteering experience you have.

What do you understand of the Nishkam Civic Association in terms of it's values, ethos, mission and vision and explain how they resonate with you?

DECLARATION

I confirm that the information I have provided on this form is correct and accurate.

I understand that some of the tasks involved in my role with the NCA will be of a sensitive nature and I agree to maintain confidentiality at all times.

Signature:

Print Name:

Date:

Please note: Due to the volume of applications we receive at the Nishkam Centre we can only contact those that have been shortlisted for volunteering positions. If we have not contacted you within 4 weeks of your application being sent please assume on this occasion that you have been unsuccessful.

EQUAL OPPORTUNITIES FORM

Completion of this section is voluntary. The information will be treated in the strictest confidence and will be used purely for statistical monitoring and research. Please tick the section that best describe you:

Ethnic monitoring

White

- British
 Irish
 White Other
 Gypsy / Irish Traveller

Mixed / Multi ethnic

- White and Black Caribbean
 White and Black African
 White and Asian
 Mixed Other

Asian / Asian British

- Indian Pakistani
 Bangladeshi Kashmiri
 Chinese Sikh
 Other

Black / Black British

- Black Caribbean
 Black African
 Black Other

other ethnic group

- Arab
 Any other ethnic group – please state _____

Prefer not to say

Disability monitoring

The Disability Discrimination Act defines disability as: A physical or mental impairment which has a substantial and long-term adverse effect on a personal ability to carry out normal day-to-day activities.

If you consider yourself to have a disability please select the most appropriate definition.

If you have multiple disabilities please select the definition that reflects the predominant disability.

Definitions

- | | | |
|--|---|--|
| <input type="checkbox"/> Not considered Disabled | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Long-standing Illness or Health Condition | <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Learning Disability/Difficulty | | |
- Prefer not to say**

Faith based monitoring

- | | | | |
|------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Jain | <input type="checkbox"/> Rastafarian | <input type="checkbox"/> Baha'i | <input type="checkbox"/> Zoroastrian |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Pagan | <input type="checkbox"/> other – please state | <input type="checkbox"/> Buddhist |
- Prefer not to say**

General Data Protection Regulations (GDPR)

In order to help you we need to store information about you. To do this the law states that we must get your consent.

The information you provide in this form and any subsequent information we may receive will be used to process to application for advice and guidance. It will be kept in accordance with the Principles of the GDPR 2018 and any relevant confidentiality provisions.

The Nishkam Centre will not share this information with a third party UNLESS it is legally required to do so.

The Nishkam Centre may also process your information to produce anonymous management or research information in the strictest confidence which will not identify you as the individual.

The information you provide will be kept for as long as necessary in order for the Nishkam Centre to fulfil its functions. You will have the right to make a formal request in writing to the Centre Director of the Nishkam Centre for access to personal data held about you, to inspect it and have it corrected if it is wrong.

DECLARATION

I confirm that the above information provided is correct and accurate.

Signature _____ **Dated** _____