**A screenshot of a cell phone

Description generated with high confidence**

**VOLUNTEER APPLICATION FORM**

This form is used to record basic information about anyone applying to volunteer with ELGT.

If you take up a volunteer role with ELGT, we will keep this information on file for as long as you are volunteering with us and for a period of 6 months following. If you are unsuccessful in your application or choose not to take up the role, we will keep this form for a period of 6 months and it will then be permanently destroyed.

All information provided will be kept strictly private and confidential. For more information see our Privacy Policy at <http://www.elgt.org.uk/privacy>

**PERSONAL DETAILS**

*We will use these details to keep in contact with you, and it will only be used by ELGT staff for that purpose.*

|  |  |
| --- | --- |
| **Your name** | |
|  | |
| **Address** | |
|  | |
| **Email address** |  |
| **Telephone number** |  |
| **Mobile phone number** |  |

|  |  |
| --- | --- |
| **Where did you hear about this volunteering opportunity?** |  |

|  |
| --- |
| **Please sign** |
| I declare that to the best of my knowledge and belief the information given on this form is correct. I understand that if I take up a volunteer opportunity and it is found that I have deliberately given false information or withheld relevant information then the opportunity may be withdrawn.  By signing this form, I confirm that I am giving consent for ELGT to process and hold my personal data for the purposes outlined above.  **Signed : Date :** |

**ABOUT YOU**

*Please tell us a bit about you and why you want to volunteer with ELGT.*

|  |  |
| --- | --- |
| **Role applied for** | *What is the name of the volunteer role you are applying for?* |

|  |  |
| --- | --- |
| **Why are you interested in volunteering with ELGT?** | |
| *Why ELGT and why this particular role? What motivates you and what do you have to offer?* | |
| **What is your background?** | |
| *Education, skills, voluntary or work experience – tell us any details you think are relevant.* | |
| **What are your goals and interests?** | |
| *What do you hope to get out of volunteering with us? Are there any particular skills or interests you want to develop?* | |
| **Medical conditions** | *Please tell us about any medical conditions you would like us to be aware of.* |
| **Additional support needs** | *Are there any other areas of support or adjustments you might need to enable you to volunteer with us? If so, describe them here.* |

|  |
| --- |
| **Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions)(Scotland) Order 2013?** |
| *We ask all volunteers to give us information of previous convictions. Having a previous conviction does not automatically bar you from volunteering with us but it will help us, in discussion with you, decide if the opportunity you have applied for is the most suitable. All information given here will be kept in your personal file which can only be accessed by authorised staff.*  *Under the terms of the Rehabilitation of Offenders Act 1974 you are entitled to withhold information about any convictions against you which are now '‘spent'’. You may only withhold information on ‘spent’ convictions.*  *Please ask us if you need any help completing this section of the form and we will be happy to assist you.* |

|  |  |
| --- | --- |
| **REFEREES**:  *Before we engage volunteers it is our policy to seek two references. Please give us details of your referees below.* | |
| Name |  |
| Title/Position: |  |
| Address: |  |
| Telephone Number: |  |
| Email address: |  |
| Relationship to you: |  |

|  |  |
| --- | --- |
| Name |  |
| Title/Position: |  |
| Address: |  |
| Telephone Number: |  |
| Email address: |  |
| Relationship to you: |  |

Please return your completed application either by email or post:

*By email to:* [info@elgt.org.uk](mailto:info@elgt.org.uk)

*By post to:*

Recruitment - confidential

ELGT

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