

Full Name:

Address

.....

Postcode:

Date of Birth:

Telephone Number: Day

Evening

Do you hold a full driving license?

YES / NO

Health:

A disability or health problem does not preclude full consideration for the job and applications from suitable disabled people are welcomed. All information provided by applicants will be treated as confidential.

Do you have a health problem or disability which is relevant to your job application? **YES / NO**

If yes, please describe the health problem or disability in the space below:

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.....

.....

.....

.....

Rehabilitation of Offenders Act

As volunteers with SCA work closely with older people, please answer the following question:

Do you have any criminal convictions? **YES / NO**

Signed: Date:

HOW DID THIS VACANCY COME TO YOUR NOTICE?

.....

Previous Work Experience and Training:

Previous or current voluntary activity:

What career plans do you have:

What skills do you have that you would like to use in your volunteering placement?

Please give the name and address of two referees:

1.

2.

Telephone:

Telephone:

SCA Office Use Only

Interviewed by:

Date:

References Received:

Start Date:

Day Centre(s)

Day(s)

"The information you supply will be held and used by the SCA Group, including its subsidiary companies, for administrative and communication purposes within the terms of the Data Protection Act 1998. We will never supply it to third parties."