**VOLUNTEER APPLICATION FORM**

Please attach a recent passport photograph

This form is to apply to work on the independent living scheme as a volunteer provided with living expenses and accommodation. Please answer the following questions as thoroughly as possible using capital letters & black ink. You are welcome to apply on-line but do not change the format of the application form

FIRST NAME:

LAST NAME (FAMILY NAME):

ADDRESS:

TOWN: COUNTY:

POST CODE: COUNTRY:

TELEPHONE (NOT A MOBILE) NO: (AM) (PM)

E-MAIL: SKYPE:

DATE OF BIRTH: AGE:

WHEN ARE YOU AVAILABLE FOR AN INTERVIEW?

WHEN CAN YOU START WORKING WITH ILA?

WHEN ARE YOU PLANNING TO LEAVE ILA?

WHERE DID YOU HEAR ABOUT ILA?

DO YOU HAVE A UK NATIONAL INSURANCE NUMBER? YES NO

IF YES, WHAT IS IT?

WHAT IS YOUR NATIONALITY? PASSPORT NUMBER

ILA works with both women and men. Some service users prefer to have PAs of the same gender, whilst other service users have no preference. Please think carefully before you answer the second question in this section.

ARE YOU FEMALE MALE ?

WOULD YOU BE PREPARED TO WORK WITH SOMEONE OF THE OPPOSITE SEX?

YES NO

ARE YOU ALLERGIC TO OR DO YOU DISLIKE PETS? YES NO

If yes, please give details.

DO YOU HAVE ANY MEDICAL CONDITION/S THAT MAY EFFECT YOUR PLACEMENT?

YES NO

If yes, please give details.

Under the Rehabilitation of Offenders Act (Exceptions) Order 1976, ex-offenders are able to state that, after a period of time they have no criminal record. Under The Act certain employment requires that you reveal all offences even those which are normally considered ‘spent’. This Act applies to working with ILA.

DO YOU HAVE ANY CRIMINAL CONVICTIONS, BIND-OVERS, ORDERS OR CAUTIONS, INCLUDING THOSE THAT ARE CONSIDERED ‘SPENT’? YES NO

If yes, please give details.

DO YOU HOLD A FULL CURRENT DRIVING LICENCE FOR A CAR? YES NO

IS IT A LICENCE TO DRIVE A MANUAL CAR AN AUTOMATIC CAR ?

ARE YOU WILLING TO DRIVE FOR ILA? YES NO

WHEN DID YOU PASS YOUR DRIVING TEST?

DO YOU HAVE ANY ENDORSEMENTS ON YOUR LICENSE? YES NO

If yes, please give details.

DO YOU SMOKE? YES NO

IF YES, CAN YOU LIVE WHERE YOU CANNOT SMOKE? YES NO

ARE YOU WILLING TO SMOKE OUTSIDE OF THE HOUSE? YES NO

ARE YOU A: MEAT EATER VEGETARIAN VEGAN ?

ARE YOU WILLING TO COOK MEAT? YES NO

IS ENGLISH YOUR FIRST LANGUAGE/MOTHER TONGUE? YES NO

IF NO, WHAT IS YOUR FIRST LANGUAGE?

IS YOUR ENGLISH: FLUENT VERY GOOD GOOD BASIC NONE

|  |
| --- |
| PLEASE GIVE DETAILS OF **ALL** YOUR EDUCATION/WORK EXPERIENCE. PLEASE LIST IN DATE ORDER STARTING WITH THE MOST RECENT FIRST. (Please give reason for any gaps in employment or education) Continue on a separate sheet if necessary |
| Name and address of Employer or Educational establishment. | Start Date | Finish Date  | Reason for leaving  | Qualifications gained |
|  |  |  |  |  |
| The key role/s of this post were: |  |
|  |  |  |  |  |
| The key role/s of this post were: |  |
|  |  |  |  |  |
| The key role/s of this post were: |  |
|  |  |  |  |  |
| The key role/s of this post were: |  |
|  |  |  |  |  |
| The key role/s of this post were: |  |
|  |  |  |  |  |
| The key role/s of this post were: |  |

WHY DO YOU WANT TO VOLUNTEER WITH ILA?

WHAT WILL YOU GAIN FROM VOLUNTEERING WITH ILA?

WHAT ARE YOUR INTERESTS AND PASTIMES? This is probably the most important question on the application form. Please give a detailed answer to this question.

USING YOUR OWN WORDS, WHAT DOES INDEPENDENT LIVING MEAN?

**REFEREES: PLEASE GIVE THE NAME, ADDRESS AND PHONE NUMBER OF TWO PEOPLE WHO ARE ABLE TO SUPPORT YOUR APPLICATION. ONE OF YOUR REFEREES MUST BE YOUR LAST EMPLOYER OR TEACHER. RELATIVES AND FRIENDS CANNOT BE REFEREES. WITHOUT REFERENCES YOU CANNOT WORK WITH ILA.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1ST REFEREE NAME: |  | 2ND REFEREE NAME |  |
| ADDRESS |  | ADDRESS |  |
| PHONE |  | PHONE |  |
| FAX |  | FAX |  |
| EMAIL |  | EMAIL |  |
| RELATIONSHIP TO YOU |  | RELATIONSHIP TO YOU |  |

SIGNED: DATE:

THE INFORMATION FROM YOUR APPLICATION FORM IS KEPT ON COMPUTER AND USED ONLY BY ILA FOR THE PURPOSES OF THE ORGANISATION-IF YOU WISH TO REMOVE YOUR APPLICATION AT ANY TIME PLEASE CONTACT ILA’S OFFICE

PLEASE RETURN THIS FORM TO:

INDEPENDENT LIVING ALTERNATIVES

ROWLANDSON HOUSE, 289/293 BALLARDS LANE, LONDON N12 8NP

FOR OFFICE USE ONLY

|  |
| --- |
| DATE FORM RECEIVED: REJECTED ON FORM: |
| INTERVIEW DATE: REFERENCES REQUESTED: |
| REJECTED ON INTERVIEW: |
| PLACEMENT: START DATE: FINISH DATE: |
| NOTES: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |