

Date: _____



Application for working as therapist or offering activity

IN CONFIDENCE

Thank you for your interest in working with Axminster and Lyme Cancer Support. Please complete this form and return it to volunteer@axminsterandlymecancersupport.co.uk or by post to the address at the bottom of the form.

Personal details

Name	
Address	
Postcode	Mobile
Email Address	Date of Birth

Emergency contact details

Name	Contact No.
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What are you able to offer Axminster and Lyme Cancer Support i.e. reflexology, art class, counselling etc?

Please give details of your skills, qualifications and past work experience (include dates).

Please state what you would like to gain from working with Axminster and Lyme cancer support.

What would your cost to Axminster and Lyme Cancer Support be per session?

<p>How many hours /sessions (approx.) would you like to spend working each week?</p>		<p>Which days are best for you? Are there any days when you cannot work? Please state your place of work. Is access and parking easy?</p>	
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Please confirm you have appropriate insurance for the activity/therapy you are offering.

<p>Are you a member of a professional body such as CNHG (Complementary and Natural Healthcare Council) or similar?</p>	
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Please say how you heard about Axminster and Lyme Cancer Support.

Do you have any particular needs such as health conditions, disabilities, including medication, that we should be aware of?

<p>Have you previously worked with people affected by cancer?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If Yes, please indicate where this was</p>		

Would you be interested in attending our CPD training days, we hold 4 a year on a variety of relevant topics.

Certain roles are exempt from the Rehabilitation of Offenders Act 1974. If you are applying for one of these roles, you will be required to declare your convictions. Otherwise, the provision of the Rehabilitation of Offenders Act 1974 will apply.

<p>Do you have any criminal convictions or any pending?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
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If invited to interview, we ask that you provide details of your criminal record. We request that this information is sent under separate confidential cover to the Volunteer Manager. We guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

Having a criminal record will not necessarily bar you from working with us, but we may need to delay the start of volunteering should we need to see a certificate from the Disclosure and Barring Service.

REFEREES

Please give the names of two people who know you well, but are not directly related to and to whom we can write for references.

Name	Tel No.
Address	
Email Address	Relationship

Name	Tel No.
Address	
Email Address	Relationship

I understand that any work offered would be on a self employed basis and that I will not be an employee of Axminster and Lyme Cancer Support.

Signature		Date	
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We would like to be able to send you information about volunteering roles and events at Axminster and Lyme Cancer Support. All information provided to us in this application will be in strictest confidence, in accordance with current data protection legislation. A copy of our Privacy Policy is available on our website. Please tick here to give your permission for us to contact you via email about relevant services

Please tick here to give your permission for us to contact you via letter or phone call about relevant services or information regarding your volunteering role

Please note your data will not be used for marketing or fundraising purposes.

This form should be returned to: Axminster and Lyme Cancer Support, Heathermoor, Yawl Hill Lane, Yawl, DT7 3RW