 **Date Received:**

**Therapist/Activities**

**Application Form**

**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** |
| **Home No.** | **Mobile No.** |
| **Email Address** | **Date of Birth** |
| **Preferred method of communication** * **Text**
* **WhatsApp**
* **Email**
* **Call Mobile**
* **Call Home**
 |

**Emergency contact details**

|  |  |
| --- | --- |
| **Name** | **Home No.** |
| **Email Address** | **Mobile No.** |

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| **What activities/therapy are you able to offer ALCS clients?** |
| **Where would the therapy/activity take place?** **Where relevant can you do home visits?** |

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

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

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| **Do you have any additional needs such as health conditions, disabilities, mobility issues, allergies that we should be aware of? If yes, please give details.** |

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| **Please confirm you have appropriate insurance for the activity/therapy you are offering.** |

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| **Are you a member of a professional body such as CNHG (Complementary and Natural Healthcare Council) or similar?**  |

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| **Do you have experience in working with people with cancer? Yes** [ ]  **No** [ ] **Please give details if yes** |

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| **Have you been impacted by cancer? Yes** [ ]  **No** [ ] **Please give details if you wish**  |

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| **Please say how you heard about Axminster and Lyme Cancer Support** |

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| **Would you be interested in attending our training days? Yes** [ ]  **No** [ ]  |

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.

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| **Do you have any criminal convictions or any pending?** |  **Yes** [ ]  **No** [ ]  |

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.

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| **Name Tel No.** |
| **Address** |
| **Email Address Relationship** |

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| **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 the services we offer 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 www.axminsterandlymecancersupport.co.uk.*** | ***Please tick here if you are happy for us to stay in touch with you and send appropriate mailings.***[ ]  GDPR tick box |

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| **We have funds to cover all activities/therapy treatment and this will be discussed further at interview.** |

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