 **Date Received:**

**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 admin@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** |
| **Position Applied For:** | |

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| **Please say why you would like to work with Axminster and Lyme Cancer Support.** |

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| **Please give details of your skills, qualifications and past work experience (include dates) which is relevant to this role.** |

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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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| **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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| **Have you previously done any voluntary work?** | | **Yes  No** |
| **If yes, please indicate where this was** |  | |

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

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** |

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

This form should be returned to:

Axminster and Lyme Cancer Support, Cross Keys House, Chard Street, Axminster. EX13 5EB

Or via email to info@axminsterandlymecancersupport.co.uk