|  |
| --- |
| Leeds Weekend Care AssociationSHORT BREAKS FOR FAMILIES WHO HAVE CHILDREN WITH INCLUSIVE NEEDSMANAGER: LIZ SUNDERLAND Office Address: Suite 4, Gledhow Mount Mansion, 32 Roxholme Grove, Leeds LS7 4JJ 0113 2165133 / 07506722495 E-MAIL office@lwca.co.uk REGISTERED CHARITY No. 1077162 |
| **VOLUNTEER APPLICATION FORM** |
| ***Date of application:*** |  |
| Name:  |  |
| Home Address: |  |
| Post Code: |  |
| E-mail address: |  |
| Address for communication if different: |  |
| Post Code: |  |
| Home Phone Number: |  |
| Mobile:  |  |
| Date of Birth: |  |
| National Insurance No. |  |
| **Present Employment/Course of Study:** |
| Job title of description of course |  |
| Employer/Establishment: |  |
| Address: |  |
| Length of Service/ Course Year: |  |
| What job are you/will you be qualified to do? |  |
| If you finish your course this year what do you plan to do afterwards? |  |
| **Voluntary Work:** |
| Organisation: |  |
| Duties: |  |
| Dates: |  |
| **Relevant Experience (either paid or voluntary work you have done with children with or without disabilities)** |
|  |
| **Skills, Interests or Hobbies that may be relevant to the scheme (i.e. support of family members or friends with additional needs, personal skills e.g. swimming, life saving certificates, first-aid, art, music).** |
|  |
| **Criminal Convictions** |  |
| **DBS certificate no.** |  |
| **Issue date** |  |
| (Due to the nature of the work we will do a DBS check on everyone over 16 years, at no cost to the applicant, if you already have a DBS certificate please send a copy). |
| **References, please supply two people who would be prepared to provide a reference for you; one preferably an employer or teacher, not relatives.** |
| **Reference One** | **Reference Two** |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Telephone No. |  | Telephone No. |  |
| Email address |  | Email address |  |
| Relationship |  | Relationship |  |
|  |  |  |  |
| **Why do you want to volunteer with L.W.C.A.?** |
|  |
| Our Weekenders Play Scheme operates 47 Saturdays per year at The Vinery, 20 Vinery Terrace, East End Park, Leeds LS9 9LU |
| Please return this application to:- Leeds Weekend Care Association, Suite 4, Gledhow Mount Mansion, 32 Roxholme Grove, Chapel Allerton, Leeds LS7 4JJ or email the form to office@lwca.co.uk |

### Equal Opportunities Monitoring

This information is being gathered to monitor our Equal Opportunities policy. The data will not be taken into account in assessing information on your application form. The data will be treated in the strictest confidence and will be used for general statistical and monitoring purposes only.

1. Gender Male / Female / Non-Binary / Transgender / Other / Prefer not to say

2. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

3. I would describe my ethnic origin as:

***Please tick one of the following boxes***

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **Please Tick 🗹** | **Ethnicity** | **Please Tick 🗹** |
| White British |  | Indian |  |
| White Irish |  | Pakistani |  |
| Traveller of Irish Heritage |  | Bangladeshi |  |
| Any other White background |  | Any other Asian background |  |
| Gypsy/Roma |  | Caribbean |  |
| White and Black Caribbean |  | African |  |
| White and Black African |  | Any other Black background |  |
| White and Asian |  | Chinese |  |
| Any other Mixed background |  | Any other ethnic group |  |
|  |  | Refuse or prefer not to answer |  |

4. Do you consider yourself disabled or have any additional needs? YES / NO. If “YES” please describe:

5. Marital Status

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single |  |  | Married |  |  | Widowed |  |  |
| Divorced |  |  | Separated |  |  | Living with Partner |  |  |

Registered Charity, Number 1077162. Company Limited by Guarantee, Number 3827833. Registered in England and Wales.

Registered Office: Suite 4, Gledhow Mount Mansion, 32 Roxholme Grove, Leeds LS7 4JJ