

Headway East London

Volunteer Application Form

Name	
Title	
Address	
Phone number (include house and mobile)	
E.mail	
Date of birth	
Language other than English?	

How did you hear about Headway?		
<input type="checkbox"/> Google	<input type="checkbox"/> Other Search Engine (Please specify)	<input type="checkbox"/> Other Means (please give details)

<p>Have you experienced a brain injury yourself? (If yes, please state when and give brief details of how it has affected you)</p>

<p>What do you know about Headway and brain injury in general?</p>

<p>What skills and experience can you bring to Headway? Please mention any particular interests you have which may be able to share with people attending the centre.</p>

<p>What is your main motivation for volunteering and what do you think Headway can offer?</p>

Are you currently training for or planning a career in health, social care or therapy?**Yes/No**

- Medicine Social Work Care Psychology S.L.T. Physiotherapy O.T.
Counselling (please specify school/training)
Other (please specify)

Is there anything you are unable to do or would not be willing to do?**Which days and times are you available?** We are only open Monday to Friday

We like you to start at 10 a.m and finish at 3 p.m (or earlier by arrangement)

Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975

Because of the nature of the voluntary work for which you are applying, you are required to disclose any criminal convictions which you have had. You are therefore not entitled to withhold information about convictions which, for other purposes, are 'spent' under the provision of the Act. Failure to provide this information could result in your dismissal. Headway, should it be necessary, may carry out a police check if your placement is within certain vulnerable categories. This information will be treated in the strictest confidence and will only be taken into account if it is relevant to your placement.

Do you have any previous convictions?

Yes / No

If 'yes' please give details.

Signed**Date****Please give names, addresses, telephone numbers and emails of TWO referees.**

At least one should be someone who knows you in a work or study capacity.

One can be someone who knows you well for at least three years (not a relative)

Please write email addresses *carefully*.**Name****How do you know them and for how long?****Address****Tel Numbers****Email**

Please give the contact details of the person who you would wish to be called in the event of an emergency?	
Name	
Relationship to you	
Day time telephone numbers	
Please tell us about any medical or mental health conditions that you feel we should know about?	
Please add any other information that you feel hasn't been covered?	

Thank you for completing this form.

Please email or post it to:

Philippa Paine (Volunteer Co-ordinator)

**Headway East London, Bradbury House
 Timber Wharf Block B
 238-240 Kingsland Road
 London E2 8AX**

philippa.paine@headwayeastlondon.org

You will be contacted by Philippa usually within a week and invited for a morning's visit and informal interview.

This gives you the opportunity to see how we work and to meet everyone and us the chance to get to know you so between us we can decide if a volunteer placement will work for both parties.

If you haven't heard two weeks after sending the form, please call on 020 7749 7790