Before you fill out this application form please read the Role Description and visit our website [www.creeksidecentre.org.uk](http://www.creeksidecentre.org.uk) to find out more about us.

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
|  | | |
| You are applying for a Learning Team Volunteer role. Please tick to confirm that you have read & understood the role description | | 🞏 |
| **Why are you suitable for this role? Highlight any skills and experience that you have.** | | |
|  | | |
| **Why do you want to do voluntary work and what do you hope to gain from it?** | | |
|  | | |

**Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Tick your weekly availability, core hours for a Learning Team Volunteer are 09.30-15.00 | | | | | | | |
| Monday | | Tuesday | Wednesday | | Thursday | | Friday |
|  | |  |  | |  | |  |
| Preferred start date |  | | | Preferred end date | |  | |

**Medical**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have any medical conditions or allergies that we should be aware of 🞏 Yes 🞏 No | | | | | | |
| If yes, please give details | | | | | | |
|  | | | | | | |
| Do you have any physical or support needs that we should be aware of 🞏 Yes 🞏 No | | | | | | |
| If yes, please give details | | | | | | |
| **DBS Check** | | | | | | |
| All Learning Team volunteers are required to undergo an enhanced police check from the Disclosure and Barring Service. This will be done if you are offered the role. If you have been DBS checked please enter the number and date of your certificate below. | | | | | | |
| DBS Number | |  | | Date of issue | |  |
| Full name on certificate | |  | | Date of birth | |  |
| I consent to my DBS status being checked by Creekside Education Trust 🞏 | | | | | | |
| **Please provide details of 2 referees who can support your application. They will be contacted if we offer you a voluntary role. Neither should be a relative.** | | | | | | |
| Referee 1 | | | Referee 2 | | | |
| Name |  | | Name | |  | |
| Address |  | | Address | |  | |
| Tel |  | | Tel | |  | |
| Email |  | | Email | |  | |
| In what capacity do you know this referee? | | | In what capacity do you know this referee? | | | |
|  | | |  | | | |
| **How did you hear about this role?** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Declaration**: I certify the information given on this form is to the best of my knowledge true and complete. | | | | | | |
| Signed | | | Date | | | |
| **Please return this form to** | | | | | | |
| [education@creeksidecentre.org.uk](mailto:education@creeksidecentre.org.uk) or Creekside Discovery Centre, 14, Creekside, Deptford, SE8 4SA | | | | | | |