

Bereavement to Achievement - Volunteer Application Form

Please read the job description and other information provided on the befriender role. Please return form to Raheema Caratella at the Shama Women’s Centre or email to shama.befriender@hotmail.com

Post applied for:

Personal Details

Title **Surname**

First Name

Preferred Name

Contact Address

Email Address

D.O.B

Post Code

Telephone **Evening**

Do you have use of a car for business purposes? Yes No

Do you hold a current UK driving licence? Yes No

Have you suffered a bereavement? Yes No

Why do you want to be a befriender?

.....
.....

What skills do you have that could support someone that is bereaved?

.....
.....

Which languages are you able to speak?

.....
.....

When are you available from?

We aim to be flexible to accommodate your needs however it would be helpful to know when you are available so that we can work around your other commitments.

Please indicate your preference and availability on the table below so we can match you up accordingly.

How many hours can you spare a week?

✓ Please tick	Daytime (9am-3pm)	Evening (5pm-8pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Other		

Recent Education - Are you currently in education? If so what are you studying or have studied?

.....

.....

Recent Employment History – Current or most recent employment (include unpaid and voluntary work)

Job Title:
Employer's name and address:
Brief descriptions of duties

References

Please give names and addresses of two referees who know you well enough to comment on your suitability for the post. If you have not been previously employed, give the name of a responsible person who knows you well, but is not a relative.

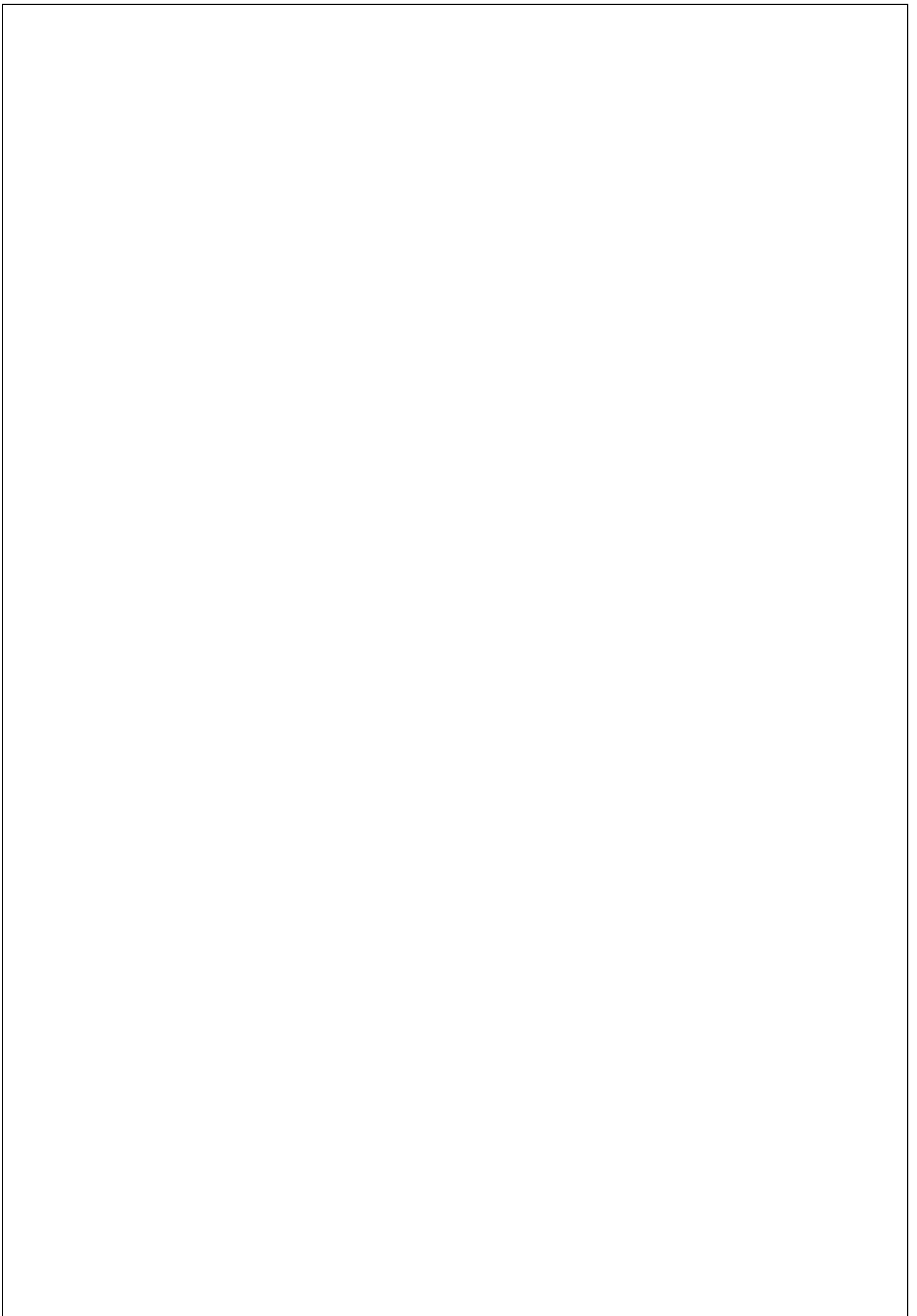
Name:	Name:
Job Title:	Job Title:
Organisation:	Organisation:
Relationship to referee: (e.g. line manager/friend)	Relationship to referee: (e.g. line manager/friend)
Address:	Address:
Email:	Email:
Telephone:	Telephone:

Declaration

I confirm to the best of my knowledge the information I have provided in this application form is true and correct.

Signed

Date



Equality, Diversity and Data Monitoring Form

The information you enter on this Equality and Diversity monitoring form will be used for monitoring purposes only and will **not** be used in assessing and/or scoring your application or at interview stage. This information is kept confidential and accessibility is strictly limited to individuals on a relevant basis.

a) Gender

What is your sex?

- Male
 Female

b) Disability

The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Equality Act 2010?

- Yes
 No

c) Ethnic background

Which of these ethnic groups do you consider you belong to? (Please select one option)

White

- English/Scottish/Welsh/Northern Irish/UK
 Irish
 Gypsy or Irish Traveller
 Any other White background

Mixed ethnic background

- Mixed ethnic background

Asian/Asian UK

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Black/ African/Caribbean/Black UK

- African
 Caribbean
 Any other Black/African/Caribbean background

Other ethnic group

- Arab
 Other ethnic group

d) Age

What is your age group (please select one option)

- 15-19 years 20-24 years 25-34 years
 35-44 years 45-54 years 55-64 years
 over 65 years

Do you have any criminal convictions, cautions or pending prosecutions? Yes No

Data Protection Act 1998

e) Religion or belief

What is your religion or belief? (Please select one option)

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion
- Prefer not to say

f) Sexual orientation

What is your sexual orientation? (Please select one option)

- Towards someone of the same sex (this covers gay men and lesbians)
- Towards someone of a different sex (this covers heterosexual men and women)
- Towards someone of the same sex and of the opposite sex (this covers bisexual men & women)
- Prefer not to say

g) Caring responsibilities (only for use by projects where this is relevant)

Do you consider yourself to have caring responsibilities?

- Yes
- No

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems under the Data Protection Act 1998.

Signed:

Date:

**Please return this form with your application to: Raheema Caratella, Volunteer Coordinator,
Shama Women's Centre, 39-45 Sparkenhoe Street, Leicester, LE2 0TD**