



APPLICATION FORM

If you need any help to fill in this form, would like it in a different format or have any questions, please contact us:

Tel 0131 554 5307 Fax 0131 555 6092 or email advocacy@advocard.org.uk

Name

Address

.....

Post Code

Tel No: (home)(mobile)

Email:

Why are you interested in becoming an AdvoCard Volunteer Advocacy Worker?

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.....(Please continue on another sheet if necessary)

Being a Volunteer Advocacy Worker and participating in the training will involve a substantial amount of time, both to complete the initial training sessions, and to fulfil your role as a volunteer (which requires availability Monday to Friday during the day). Do you feel able to take on this kind of commitment?

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Are there any restrictions on the times that you will be available?

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Our Stage 1 Training for Volunteer Advocacy Workers builds on individual's existing life skills and uses a variety of methods to prepare volunteers for their advocacy role. These include discussion, flipcharts, tapes, videos, group work and reading. Is there anything that you would like us to be aware of before the training starts that would make the training more accessible to you?

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Two references and an Enhanced Disclosure will be taken up before you can go ahead as a volunteer with AdvoCard.

All the information I have given here is true. I consent to the use of this information for considering my application, and understand that:

- ***it will be treated confidentially at all times;***
- ***if I am successful it will form part of my volunteer records***
- ***if I am unsuccessful in my application the information will be destroyed after six months.***

Signed **Date**

Please complete the attached Equal Opportunities Questionnaire and Criminal Convictions Declaration Form and them in the labelled envelopes provided.

Return all the forms together to us in the stamped addressed envelope.

Thank you