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| **Volunteer Advocacy Worker 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 0808 196 3525 or email paul@advocard.org.uk |
| **Please note that all sections of this form must be completed** |
| **Vacancy** | Volunteer Advocacy Worker |
| **Section 1 Personal Details** |
| **Surname** |  | **Forename(s)** |  |
| **Address** |  |
| **Postcode** |  |
| **E-mail address** |  |
| **Telephone number(s)** | Home: | Mobile: |
| Are you an existing PVG Scheme member? | Yes ☐ No ☐ |
| Do you have any spent or unspent criminal convictions? | Yes ☐ No ☐ |
| If yes, please supply information: |
| Where did you see this opportunity advertised? |  |

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| **Section 2: Present Employment -** Current or most recent post (paid/unpaid)) |
| **Employer’s name:** |  |
| **Address:** |  |
| **Job title:** |  |
| **Dates employed** |   |
| **Salary** |  |
| **Reason for leaving:** |  |
| *Main Responsibilities & Achievements:* |
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| **Section 3: Previous Employment** (in chronological **date** order commencing with the most recent. Please explain any gaps in employment) |
| Employer’s name: |  |
| Post held |  |
| Dates |  |
| Reason for leaving |  |
| Main responsibilities |  |
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| Employer’s name: |  |
| Post held |  |
| Dates |  |
| Reason for leaving |  |
| Main responsibilities |  |
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| Employer’s name: |  |
| Post held |  |
| Dates |  |
| Reason for leaving |  |
| Main responsibilities |  |

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| **Section 4: Education, Qualifications and Further training** (detail any education, qualifications and further training relevant to your application) |
| **School/College/University** | **Qualification** | **Result** |
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| **Training Courses** |
| **Course Name** | **Award/Qualification** |
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| **Section 5: Questions in support of your volunteering application.****Why are you interested in becoming an AdvoCard Volunteer Advocacy Worker?****Being a Volunteer Advocacy Worker and participating in the training will involve a substantial amount of time, both to complete the initial training sessions (delivered during weekly early evening sessions and at least one Saturday), and to fulfill 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?** |
| **Are there any restrictions on the times that you will be available?****Our 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, PowerPoint, 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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| **Section 6 Referees** |
| Please give the contact details of two referees, one of which should be your current or most recent employer. **Referees will not be approached until the successful completion of your training and a formal offer is made.** |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Telephone No.** |  | **Telephone No.** |  |
| **E-mail** |  | **E-mail** |  |
| **Relationship to you** |  | **Relationship to you** |  |
| I confirm that the information given on this form is, to the best of my knowledge, true and complete.Any false statement may be sufficient cause for rejection, or if employed, dismissal.☐ |
| **Print Name** |  |
| **Date** |  |
| **Please return your application to:** **paul@advocard.org.uk** **or post to :****Paul McInneny, Volunteer Coordinator, AdvoCard, 525 Ferry Road, Edinburgh, EH5 2AW.** |