



NATIONAL YOUTH ADVOCACY SERVICE

**APPLICATION FORM FOR THE ROLE OF
VOLUNTEER INDEPENDENT VISITOR**

Area Applied for: _____
(If known)

Please read the Role Description before you complete this form. Please complete this form in black ink.

Personal Details

Surname: _____

First name(s): _____

Have you been known by any other name(s) ?

Date of Birth: _____

Address: _____

Telephone No: _____ **Mobile No:** _____

E-mail Address _____

Please tell us how and when you would prefer us to contact you :

Employment History:

Please give full details of all paid work you have undertaken. This is to ensure that we comply with Safer Recruitment.

Name and address of Employer or Organisation:	Dates (from and to)	Positions and Duties

References

In order to become a volunteer Independent Visitor with NYAS you must be able to provide the name and contact details of a minimum of two referees, one of which must be professional , both of whom must have known you for a minimum of two years and be able to comment on your suitability for this role.

Referee Details:

Name:

Name:

Name

Address:

Address:

Address

Contact Number(s):

Contact Number(s):

Contact Number(s):

Email:

Email:

Email

Relationship to applicant:

Relationship to applicant:

Relationship to applicant:

Health Information

Please state if you have any health conditions we may need to know about. For some local authorities we are also required to contact your GP. You will be advised of this by your local Co-ordinator.

Rehabilitation of Offenders 1975

The nature of the role you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act (Exemption Order) 1975. You are therefore not entitled to withhold information about convictions which for other purposes are considered 'spent' under the revision of the Act.

Have you ever been convicted for a criminal offence? YES/NO

If you answered 'YES' to the above, please provide details of the offence(s), date(s) and where convicted:

Availability

Please tell us about any commitments you have that we will need to consider in making arrangements for interviews and training:

Declaration

I declare that the information I have provided in this form is true and complete. I understand that if it is subsequently discovered that any statement I have made is false or misleading; my volunteer appointment will be terminated by NYAS. *(If the information provided by referees is insufficient, we may require further references)*

Signed:

Date:

Please Note: To comply with NYAS's Safer Recruitment and Protection Policy, appointments as volunteer Independent Visitors are subject to satisfactory references, Enhanced Criminal Record Bureau Checks and satisfactory completion of the NYAS IV Training Course.

EQUAL OPPORTUNITIES MONITORING

As an aid to monitoring the implementations of our Policy of Anti-Discriminatory Practice, we would be grateful if all candidates could return this completed form, unsigned, together with their application form.

Please tick the appropriate boxes below:

Gender: FEMALE

MALE

How would you describe your ethnic origin?

WHITE

- British
- Irish
- Any other white background

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

MIXED

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other background

OTHER ETHNIC GROUPS

- Chinese
- Any other ethnic group

Where did you see the advertisement for this position.....

Are you registered disabled?

Do you consider yourself to be disabled?

This information helps us monitor whether we are placing our recruitment advertisements effectively in line with our policy of Anti – Discriminatory Practice.

**Thank you for taking the time to complete this application form, please return it to:
Freda O’Hare, Recruitment Officer
Egerton House
Tower Road
Birkenhead
Wirral,
CH41 1FN**