

Please return completed application to:  
Friends of Mission Care  
Mission Care, The Living Building, 3 Sherman Road,  
Bromley, Kent, BR1 3JH  
Tel: 0303 123 3201 Email: [friends@missioncare.org.uk](mailto:friends@missioncare.org.uk)



**Important: Refer to guidance notes before completing.**

## VOLUNTEER APPLICATION FORM

### PERSONAL DETAILS

NAME		
<input type="text"/>		
ADDRESS		
<input type="text"/>		
TELEPHONE	DAY <input type="text"/>	EVENING <input type="text"/>
EMAIL	<input type="text"/>	
VOLUNTEER ROLE YOU ARE APPLYING FOR	<input type="text"/>	
DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER	<input type="text"/>	
HOW DID YOU HEAR ABOUT MISSION CARE?	<input type="text"/>	

### EXPERIENCE/KNOWLEDGE OF DEMENTIA AND/OR OLDER PEOPLE

Please explain any experience or knowledge you have of dementia and/or the issues affecting older people. If you do not have any knowledge or experience, please leave this section blank.

### REASONS FOR APPLYING

Please explain why you are applying to volunteer and what you hope to gain from the experience. Please give further details of previous experience and any other information which you consider relevant. If you are using any continuation sheets for this section, please ensure you attach them securely to the application form and state how many additional sheets have been included.

No of additional sheets:

As a Christian charity Mission Care requests that you note below your understanding of Christian care

### CURRENT/PREVIOUS EMPLOYER

Give details of previous employment including a brief description of duties, starting with most recent/current employment (use a continuation sheet if necessary).

EMPLOYER	BRIEF DESCRIPTION OF DUTIES	DURATION	REASON FOR LEAVING

### EDUCATION, TRAINING & QUALIFICATIONS

Please give details about any relevant education and training received in this country or abroad and qualifications obtained.

ESTABLISHMENT ATTENDED	COURSES ATTENDED	QUALIFICATION	GRADE
Membership of Professional Bodies including reference number (e.g NMC Pin)			

**REFERENCES**

Please nominate two referees. One referee should be your present or most recent employer.

TITLE/ FULL NAME

TITLE/ FULL NAME

RELATIONSHIP TO REFEREE

RELATIONSHIP TO REFEREE

FULL POSTAL ADDRESS

FULL POSTAL ADDRESS

TELEPHONE NO.

TELEPHONE NO.

E-MAIL ADDRESS

E-MAIL ADDRESS

**EMERGENCY CONTACT DETAILS FOR NEXT OF KIN**

NAME

RELATIONSHIP

CONTACT DETAILS

**DISCLOSURE OF CRIMINAL CONVICTIONS AND PENDING PROSECUTIONS**

Do you have any convictions/pending prosecutions?

YES

NO

If YES please give details

**9. STATEMENT**

I confirm I have completed this application form and to the best of my knowledge the information I have provided is true and correct. I understand that if I obtain a voluntary position having made false or misleading statements that I will be liable to action that may result in my voluntary position being withdrawn. By signing this statement I voluntarily agree with the terms and conditions of the Applicant Declaration in the Statement section of the guidance notes printed overleaf.

I will advise Mission Care immediately of any criminal convictions or pending prosecutions that occur between the date of signing this declaration and appointment.

**Signature**

**Date**

# GUIDANCE NOTES FOR COMPLETING THE APPLICATION FORM

**Please read through these guidance notes carefully before completing your application form.**

Please complete the form in BLACK ink and complete every section. It is vital that you ensure all relevant information about you and your experience is included. You may use continuation sheets if necessary. The form should contain the required information, however, a CV may be used in support of your application, but only once you have fully completed all the sections of the application form.

If you have a disability and need assistance completing the application form, please contact the Marketing Team.

## Personal Details

It is important you complete this section accurately, as the information required is needed to process your application and allow us to communicate with you.

## Reasons for Applying

This section will be used to assess your suitability for the voluntary position. Within this section it is requested that you note your understanding of Christian care.

## Current/Previous Employer

You will need to include all work including part-time, voluntary and work at home that you have undertaken in the past 10 years listing the most recent first. Use continuation paper if necessary.

## Education, Training and Qualifications

If you are offered a voluntary position you may be asked to provide evidence of the qualifications applicable to the position.

## References

You need to provide the names of two people who will provide a reference. It is important they are able to verify and substantiate the evidence provided on your application form, therefore, one of the references should be your present or most recent employer /education establishment.

## Emergency Contact Details

This information will be stored confidentially and only used in an emergency.

## Criminal Convictions & Pending Prosecutions

You are required to give details of all spent and unspent convictions and pending convictions. If you are unsure whether your conviction is spent or unspent you should contact your local Probation Officer, the Citizens Advice Bureau or your Solicitor. Mission Care will not discriminate against ex-offenders, as a criminal record will not necessarily be a bar to obtaining a voluntary position with us. The information you provide will be kept confidential at all times.

## Statement

If you give false or misleading information on your application form, your application will be rejected. However, if you gain a voluntary position with Mission Care by making such false or misleading statements, you will be liable to action which will result in your voluntary position being withdrawn.

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## EQUALITY AND FAIRNESS MONITORING FORM

You are required to complete this section to allow Mission Care to monitor its recruitment policies. The form will be kept in strict confidence by the Human Resources Team. It is not seen by the shortlisting or interviewing panel during or after the selection process.

### POST INFORMATION

APPLICATION FOR THE POSITION OF

### 1. PERSONAL INFORMATION

FULL NAME

DATE OF BIRTH  AGE  GENDER

MALE  FEMALE

### 2. PREFERRED TITLE

How do you prefer to be addressed on correspondence? (use tick boxes)

Mr  Miss  Mrs  Ms  Dr  Rev  Other

Please Specify.....

### 3. MARITAL STATUS

Married  Divorced  Separated  Single

Co-habitee  Widower  Other  Please Specify.....

### 4. DISABILITY

Disability is defined as 'a physical or mental impairment that has a substantial and long term adverse effect on the ability to carry out normal day to day activities.'

YES  NO

## 5. ETHNIC ORIGIN

### WHITE:

WHITE BRITISH

WHITE IRISH

OTHER WHITE

### MIXED:

WHITE & BLACK CARIBBEAN

WHITE & BLACK AFRICAN

WHITE & ASIAN

ANY OTHER MIXED BACKGROUND

OTHER: (PLEASE SPECIFY)

.....

### ASIAN OR ASIAN BRITISH:

INDIAN

PAKISTANI

BANGLADESHI

OTHER ASIAN

### BLACK OR BLACK BRITISH:

BLACK CARIBBEAN

BLACK AFRICAN

OTHER BLACK

CHINESE:

## 6. WORK PERMITS

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UK?

YES

NO

DO YOU NEED A WORK PERMIT?

YES

NO

ARE YOU REGISTERED ON THE WORKER REGISTRATION SCHEME? (IF APPLICABLE)

YES

NO

PIN – IF REGISTERED WITH NMC:.....

## 7. RELIGIOUS BELIEF/FAITH

BUDDIST

CHRISTIAN

HINDU

JEWISH

MUSLIM

SIKH

NONE

PREFER NOT TO SAY

OTHER

PLEASE SPECIFY.....

## 8. ADVERTISING

HOW DID YOU LEARN OF THIS VACANCY? (PLEASE SPECIFY THE NAME OF THE PUBLICATION/WEBSITE)

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DO YOU HAVE ANY FRIENDS OR FAMILY MEMBERS WORKING FOR MISSION CARE? IF SO, GIVE DETAILS

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