** Mental Health Matters Wales**

 **Volunteer Application Form**

**Mental Health Matters Wales is working towards the Diverse Cymru Cultural Competency Award. Mental Health Matters Wales believes that everyone has the right to equal mental health care regardless of their status.**

**It is our mission to address health disparities by enhancing the delivery of culturally competent mental health services in our communities. It is our vision to redefine the narrative and recognise the cultural differences that exist and bridge that gap by developing inclusive services.**

(Please complete all sections in black ink and continue writing on separate sheet(s) of paper, if necessary.)

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| **Please tick which projects you are interested in applying to volunteer for:** |
| **Projects** | **Please Tick ** |
| Wellbeing Hubs |  |
| Wellbeing Retreat |  |
| Peer Support (Sorted Eating Disorder group, Anxiety & Depression Group, Share, Self-Harm Group) |  |
| LINKS Youth Group |  |
| Talking Connections Counselling Service |  |
| University Hospital of Wales- Ward 7 Activity Volunteer |  |
| Sessional Volunteering |  |
| Administration Volunteering |  |
| Cultural Competency Sub Group Volunteer |  |

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| **PERSONAL DETAILS** |
| **Mrs/Mr/Ms/Miss** (Delete as appropriate) | **First Name**  |  | **Last Name** |  |
| **Address**(Line 1) |  |
| (Line 2) |  |
| (Line 3) |  |
| **Post Code** |  |
| **Telephone Number** | **Home** |  | **Mobile** |  |
| **Email address** |  |
| **Date of Birth** |  | **Age** |   |
| **Are you new to volunteering?**  |  |
| **If no, where have you volunteered?** |  |
| **What is your preferred first language?****(Please let us know if you require information in a different format or language)** |  |

***For this position we require references from two people, neither of whom should be relatives, but should be people who know you well, for example a previous or current employer, a college tutor, teacher, GP, MP or local councillor***

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| **REFERENCE DETAILS** |
| **REFERENCE 1** | REFERENCE 2 |
| **Name** |  | **Name** |  |
| **Address**(Line 1) |  | **Address**(Line 1) |  |
| (Line 2) |  | (Line 2) |  |
| (Line 3) |  | (Line 3) |  |
| **Post Code** |  | **Post Code** |  |
| **Telephone Number** |  | **Telephone Number** |  |
| **Email Address** |  | **Email Address** |  |

**Recent Employment History**

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **JOB TITLE AND BRIEF DETAILS OF POST(including start date and if relevant date of leaving)** | **Reason of leaving** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **When are you able to volunteer?** | **Morning** | **Afternoon** | **Evening** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday  |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday (Befriending Project only) |  |  |  |
| Sunday (LINKS Project only) |  |  |  |

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| --- | --- |
| **How soon would you be able to start?** |  |

|  |  |  |
| --- | --- | --- |
| **Do you have use of a car?** (please circle) | **Yes** | **No** |
| **Do you have Business Class 1 insurance?** (please circle) | **Yes** | **No** |

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| **What are your reasons for applying to volunteer with Mental Health Matters Wales** |
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| **Is there anything else you would like to tell us about yourself to support your application?** |
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| **What skills and experience do you have to bring to the role? Include any relevant training/volunteering you have.** |
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**CRIMINAL CONVICTIONS**

|  |  |  |
| --- | --- | --- |
| **Do you have any unspent convictions, cautions, reprimands, or warnings?** (please circle) | **Yes** | **No** |

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| **If your answer to the above was yes, please give details** |
| **Date** | **Offence** | **Outcome fine, sentence, community service, etc.)** |
|  |  |  |

**Due to the nature of the volunteering role, this volunteering post is exempt from the Rehabilitation of Offenders Act 1974. Successful applicants will be required to complete a Disclosure and Barring Service (DBS) form in line with the police Act 1997. The post is also subject to POVA checks. Further information about the disclosure scheme can be obtained by visiting** [**https://www.gov.uk/government/organisations/disclosure-and-barring-service**](https://www.gov.uk/government/organisations/disclosure-and-barring-service)**.**

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| **I hereby declare that all information on this application form is correct.** |
| **Signed** |  | **Date** |  |

** Equal Opportunities Monitoring Form**

The information you provide will be used for monitoring purposes only and will be treated as confidential under the Data Protection Act 1998. This form will be separated from your application form on receipt and before consideration of candidates takes place. There is no obligation to complete this form but doing so will help Mental Health Matters Wales implement its Equal Opportunities Policy.

**Application for Post of:**

**Where did you see this**

**post advertised:**

**Monitoring ethnicity**

(Double click on your chosen box and select the “checked” option. To select other background, please double click on the dotted line and use the “default text box” to write your entry)

**How would you describe yourself?** (Choose ONE section from A to E)

A [ ]  Asian or Asian British [ ]  Bangladeshi [ ]  Indian [ ]  Pakistani

 [ ]  Any other Asian background, please write in box .......................

B [ ]  Black or Black British [ ]  African [ ]  Caribbean

 [ ]  Any other Black background, please write in box .......................

C [ ]  Chinese [ ]  Any other, please write in box .......................

D [ ]  Mixed Heritage [ ]  White and Asian [ ]  White and Black African

 [ ]  White and Black Caribbean

 [ ]  Any other Mixed background, please write in box ......................

E [ ]  White [ ]  British [ ]  English [ ]  Irish [ ]  Scottish [ ]  Welsh

 [ ]  Any other White background, please write in box ......................

F [ ]  Prefer not to say

**Disability monitoring**

(Double click on your chosen box and select the “checked” option)

**Do you consider yourself to have a disability or a long-term health condition?**

 [ ]  Yes [ ]  No

**What is the effect or impact of your disability or health condition?**

 [ ]  Prefer not to say

**Gender monitoring**

(Double click on your chosen box and select the “checked” option)

**Would you describe yourself as:**

 [ ]  Male [ ]  Female [ ]  Prefer not to say

**Sexual orientation**

(Double click on your chosen box and select the “checked” option)

**What is your sexual orientation?**

 [ ]  Bisexual [ ]  Gay Man [ ]  Gay Women / Lesbian [ ]  Heterosexual

 [ ]  Other [ ]  Prefer not to say

**Age monitoring**

(Double click on your chosen box and select the “checked” option)

**Please select one age range?**

 [ ]  18 – 25 [ ]  26 – 35 [ ]  36 – 45 [ ]  46 – 55 [ ]  56 - 65 [ ]  66+

**Religion and belief**

(Double click on your chosen box and select the “checked” option. To select other religion or belief, please double click on the dotted line and use the “default text box” to write your entry)

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| **Please tick the box that applies to you:**

|  |  |
| --- | --- |
| **Buddhism** |  |
| **Christianity** |  |
| **Catholicism** |  |
| **Hinduism** |  |
| **Judaism** |  |
| **Muslim** |  |
| **Sikhism** |  |
| **Spiritualism** |  |
| **Paganism** |  |
| **Wiccan** |  |
| **Other (please specify below)** |  |
| **No religion** |  |

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