

LOCOMOTION

Volunteer Application Form:

Thank you for taking the time to complete this application form; when you have finished, please return by email or post to-

Email: simon.walsh@locomotion.org.uk

Post: Duty Officer- Volunteer, Locomotion, Shildon, Co Durham, DL4 2RE.

For information on Roles available or for general queries about our volunteer program please contact us at simon.walsh@locomotion.org.uk .

Role:

What volunteering opportunity are you applying for?

Personal Details:

Title:	Name:
Date of Birth:	
Address:	
Email:	Phone number:

Why do you want to volunteer at Locomotion and why this role?

What can you bring to the role?

Please give details of any skills or interests you have which you feel may be relevant to your application (such as previous work or volunteering experience, training etc).

Do you have any access or medical requirements that we should be aware of, to support you during interview?

If you are successful at this stage, you will be invited to attend an interview. Are there any dates or times when you will be unavailable to attend an interview?

DECLARATION

I declare that the information I have given is true to the best of my knowledge.

SIGNED:

DATE:

The information given on this form is used for the administration of prospective volunteer roles, and analysis for management purposes. Data is held in accordance with our obligations under the Data Protection Act 1998. Completion and return of the application form is your consent to us holding and using the information provided in the manner above.

CONFIDENTIAL WHEN COMPLETED

Equal Opportunities Monitoring Information

The Science Museum Group is committed to a policy of equal opportunities. We recruit staff on the basis of skills, qualifications, experience and suitability for the vacancy regardless of gender, physical or mental disability, age or ethnic origin or marital status.

The questions below will help SMG to monitor the effectiveness of our equal opportunities policy.

Please complete the information below by ticking the appropriate box.

Name:

Post Applied For:

D.O.B:

SEX:

Do you consider that you have a disability? (candidates who have a disability and meet the minimum criteria for the role will be offered an interview. For further information please call the HR department) If yes, please indicate which of the following apply: -

Visual impairment Hearing impairment Mobility or co-ordination difficulties

learning difficulties Mental illness Speech impairment

Other conditions (please state):

ETHNIC ORIGIN

White Black - African Black - Other Chinese

Indian Pakistan Bangladeshi

Other (Please Specify)

I DO NOT WISH TO COMPLETE THIS FORM.

The information you supply is used for monitoring purposes only and plays no part in the selection