



## HEADWAY OXFORDSHIRE

### VOLUNTEER APPLICATION FORM

Personal Details (in block capitals)	
Full Name:	
Address:	
Postcode:	
Telephone numbers:	
Home:	
Mobile:	
Email address:	
If under 18 please state age:	
Name of contact in case of an emergency (include relationship to you):	
Emergency contact number:	
If you have any illnesses or disabilities of which you would like us to be aware, please give details:	

For office use only:

Date application received:	Date volunteering commenced:	Date volunteering ceased:

**Availability:**

Please give details of any existing work/voluntary commitments:

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Please write times you are available to volunteer:

	Mon	Tue	Wed	Thu	Fri	Sat/Sun
AM						
PM						

Please indicate which department you would like to volunteer:

Activity and Rehabilitation Centre	
Administration	
Fundraising events	
Driver	

**Volunteering**

Please tell us why you would like to be a volunteer with Headway Oxfordshire:

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**Experience:**

Please tell us briefly about any skills and experience that you can bring to Headway Oxfordshire (previous employment, voluntary work, training, relevant personal experiences, interests):

Please state any previous knowledge or experience, either personal or professional that you have had of brain injury:

How did you hear about Headway Oxfordshire?

## Referees

Please give the names, addresses and contact details of two people who are willing to provide a reference:

1.	
Name:	
Address:	
Post code:	
Telephone:	
Email:	
2.	
Name:	
Address:	
Post code:	
Telephone:	
Email:	

## Criminal Convictions:

The work for which you are applying involves access to vulnerable people. It is therefore exempt from the Rehabilitation of Offenders Act 1974.

Headway Oxfordshire aims to promote equality of opportunity for all. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. You are required to declare any pending prosecutions, convictions cautions or bind-overs you may have. The information you give will be treated in confidence. Failure to declare a conviction, caution or bind-over, may disqualify you from participation in Headway as a volunteer.

A criminal record will not necessarily adversely affect your application.

### Convictions Declaration

I am aware that because my work involves access to vulnerable people, it is covered by the Exemption Order of 1975 relating to section 4 (2) and section 4 (3b) of the Rehabilitation of Offenders Act 1974, and understand that as a condition of my work I am required to disclose any previous conviction, whether or not 'spent' in the terms of the 1974 Act.

I have/have not had any previous convictions (please delete as appropriate)

Signature:	
Print name:	
Date:	

## Declaration

I confirm that I wish to be a volunteer with Headway Oxfordshire.

I certify that the above information is accurate and give permission for a Disclosure and Barring Service to be carried out on me.

I confirm that I have received and read the Volunteer Handbook. I fully understand the volunteer induction process and are aware that Headway Oxfordshire will have the final say on my suitability as a volunteer candidate.

Information you give us about yourself will be held on computer or manual record, which you have the right to see and check under Data Protection Legislation. The information will not be shared with external organisations. For our full privacy policy in line with Data Protection 2018 please click on the link below.

To view our Privacy Policy please [click here](#).

Signature:

Date:

Please send your application to:

FAO: Kay Douglas  
Headway Oxfordshire  
4 Bagley Wood Road  
Kennington  
OXON  
OX1 5PL

Email: [admin@headway-oxford.org.uk](mailto:admin@headway-oxford.org.uk)