

**VOLUNTEER APPLICATION FORM**

**Your Details**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Tel. No.:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

CVs will only be accepted as an attachment. All fields in the application form must be completed unless otherwise stated.

Applicants are asked to pay particular attention to show how they meet the Person Specification for the role they are applying for. Use specific examples from your work experience.

Send your completed application to: info@familyjourneys.scot

Note: shortlisted candidates may be asked to complete tasks and exercises as part of our interview process.

1. **Please give details of any educational or other qualifications / training you have received.**

*(please add rows as required)*

|  |  |  |
| --- | --- | --- |
| **Qualification / Course** | **Education Provider / Trainer** | **Year Attained** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Please give details of any relevant work experience, whether paid or unpaid, beginning with your current or most recent post (this is required even if you send us your CV).**

|  |
| --- |
| **Your current or most recent role** |
| **Dates** | **From** |  | **To** |  |
| **Organisation and Position** |  |
| **Reason for Leaving** |  |
| **Duties and Responsibilities** | Please outline your main achievements in this role relevant to our person specification |
|  |

**Previous roles (this is not required if you are attaching a CV and it provides the required information concisely)**

*(please add rows as required)*

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Organisation and Role | Brief outline of main achievements in this role |
|  |  |  |  |
|  |  |  |  |

1. **Please tell us, in 500 words or less, about your interest in and/or experience of working with children and families experiencing separation/divorce or other adversity.**

|  |
| --- |
| (box will expand) |

1. **Please give details, using the person specification and job description, of how your experience matches the requirements of the role you are applying for (no word limit, but please be concise).**

|  |
| --- |
| (box will expand) |

1. **Please tell us, in 500 words or less, what are the challenges facing children and their families in the legal system relating to separation and child contact?**

|  |
| --- |
| (box will expand) |

1. **Please share with us your vision for developing and implementing the role you have applied for: how would you approach this role, and how would you implement your ideas? (no word limit, but please be concise).**

|  |
| --- |
| (box will expand) |

1. **Do you have any additional skills that will support you in the role you have applied for (e.g. additional languages, full driving licence, hobbies/interests) 200 words or less.**

|  |
| --- |
| (box will expand) |

1. **Why you? What qualities will you bring to our team and how will you add value/complement our collective work? (no word limit, but please be concise).**

|  |
| --- |
| (box will expand) |

1. **Availability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WEEKLY VOLUNTEERING** | Mon | Tues | Wed | Thurs  | Fri |
| 09:30-13:3012:30-16:30 | 09:30-13:3012:30-16:30 | 09:30-13:3012:30-16:30 | 09:30-13:3012:30-16:30 | 09:30-13:3012:30-16:30 |

**REFERENCES**

**First Referee**

**Name:** Click or tap here to enter text.

**Organisation:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Tel. No.:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Second Referee**

**Name:** Click or tap here to enter text.

**Organisation:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Tel. No.:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Equalities Monitoring Form (this form is optional. It will be separated from your application during the sifting process)**

**Family Journeys** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

**Gender**

Man [ ]  Woman [ ]  Intersex [ ]  Non-binary [ ]  Prefer not to say [ ]  If you prefer to use your own term, please specify here:

**Are you married or in a civil partnership?**

Yes [ ]  No [ ]  Prefer not to say [ ]

**Age**

16-24[ ]  25-29 [ ]  30-34 [ ]  35-39[ ]  40-44 [ ]  45-49 [ ]  50-54 [ ]

55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say [ ]

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English [ ]  Welsh [ ]  Scottish [ ]  Northern Irish [ ]  Irish [ ]

British [ ]  Gypsy or Irish Traveller [ ]  Prefer not to say [ ]

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean [ ]  White and Black African [ ]

 White and Asian [ ]  Prefer not to say [ ]

Any other mixed background, please write in:

***Asian/Asian British***

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Prefer not to say [ ]

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African [ ]  Caribbean [ ]  Prefer not to say [ ]

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab [ ]  Prefer not to say [ ]

Any other ethnic group, please write in:

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

Yes[ ]  No [ ]  Prefer not to say [ ]

What is the effect or impact of your disability or health condition on your ability to give your best at work?

Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please let us know here:

**What is your sexual orientation?**

Heterosexual [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Prefer not to say [ ]

**Do you have caring responsibilities? If yes, please tick all that apply**

None [ ]

Primary carer of a child/children (under 18) [ ]

Primary carer of disabled child/children [ ]

Primary carer of disabled adult (18 and over) [ ]

Primary carer of older person [ ]

Secondary carer (another person carries out the main caring role) [ ]

Prefer not to say [ ]

**What is your religion or belief?**

No religion or belief [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]

Muslim [ ]  Sikh [ ]  Prefer not to say [ ]  If other religion or belief, please write in: