**Summer Scheme ’21 Volunteer Application**

**What weeks are you available?** (insert √ if available)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week 1:** 05.07.21 to 09.07.21Am Pm | **Week 2:** 13.07.21 to 16.07.21Am Pm | **Week 3:** 19.07.21 to 23.07.21Am Pm | **Week 4:** 26.07.21 to 30.07.21Am Pm | **Week 5:** 02.08.21 to 06.08.21Am Pm | **Week6:**09.08.21 to 13.08.21Am Pm | **Week7:**16.08.21 to 20.08.21 Am Pm |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***PLEASE NOTE: Due to the nature of our work, we are only looking for volunteers that can commit to at least one full week of the summer scheme. ( either Am( 8:30 to 12:30) or Pm (12:30 to 16:30) session or both ☺ )***

Please complete in black ink or typescript only:

1. **Personal Details**

|  |  |  |
| --- | --- | --- |
| Surname: | Forenames: | Title:Mr / Mrs / Miss / Ms |
| Previous surnames: | Date of Birth: |
| Marital Status: | National Insurance Number: |
| Home Address: |
| Address for correspondence if different from above: |
| Telephone Number:Email address |  |

 **B. References**

Please give details of two persons who will agree to act as referees on your behalf.
References will be required if you are short-listed unless previously advised otherwise.
At least one of the referees should have knowledge of your experience **working with
children** in a paid or voluntary capacity.

|  |  |
| --- | --- |
| Name:  | Name:  |
| Position:  | Position:  |
| Address:Post Code:Contact No: | Address:Postcode: Contact No: |

 **C. Secondary Education / Professional Qualifications** (Please continue on a separate page if necessary)

|  |  |  |
| --- | --- | --- |
| School/College Award | Dates Attended | Qualification & Date Obtained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**D. Employment History**

***NOTE: Please commence with current / most recent and work backwards.***

(Continue on a separate page if necessary)

|  |  |
| --- | --- |
| 1. | Employer’s Name and Address: |
|  | Job title and Responsibility:  |
|  | Dates from / to:  |
|  | Reasons for Leaving: |
| 2. | Employer’s Name and Address: |
|  | Job Title and Responsibility: |
|  | Dates from / to:  |
|  | Reasons for Leaving: |
| 3. | Employer’s Name and Address: |
|  | Job Title and Responsibility: |
|  | Dates from / to:  |
|  | Reasons for Leaving: |

1. **Training Courses / Skills**

Please give details of any training courses you have taken in the last 5 years. Include organisations under whose auspices courses were organised. Please indicate self-learned skills as well (e.g. Computer Information Technology).

**Please give details of any relevant voluntary work experience or general experience in working with 4 – 12 year olds and children with special needs:**

**F: Medical History**

Please give details of illnesses, operations or accidents resulting in absence from work or medical conditions that you suffer from (e.g. diabetes, epilepsy):

 Are you registered disabled? Yes / No

**G: Information in support of your application**

Please give a brief statement indicating your reasons for applying for this post, including special interests and relevant experience (continue on a separate page if necessary).

This post will involve contact with children and young people. Each successful applicant will have to undergo a check via access NI. Spent convictions may be disclosed.

**H: Disclosure of Conviction**

Have you ever been convicted of a criminal offence? Yes / No

If ‘YES’, please give brief details:

DECLARATION

 *I declare that all the particulars given are correct and should any false statements / omissions be made, Sólás reserves the right of dismissal. I understand that any employment offer is subject to the receipt of satisfactory references and background checks.*

 **SIGNATURE:**  **DATE:**

Please email a completed application to Jeanne Bertille at jeanne@solasbt7.com by Friday, the 18th of June at 5 PM.

*Thank you for your interest in volunteering with Sólás!*