**Healthwatch Redbridge**

**1st Floor, 103 Cranbrook Road,**

**Ilford, IG1 4PU**

Tel: 020 8553 1236

Web: [www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)

 Email: miranda@healthwatchredbridge.co.uk

|  |  |
| --- | --- |
| Position Applied for |  |
| First Name |  |
| Second Name |  |

**Volunteer Application Form**

|  |  |
| --- | --- |
| First Line of Address |  |
| Street |  |
| City/ Town |  |
| Postcode |  |

|  |  |
| --- | --- |
| Telephone Number |  |
| Mobile Number |  |
| E-mail Address |  |

**Please can you briefly tell us why you are interested in volunteering with Healthwatch Redbridge?**

**When are you available to volunteer with Healthwatch Redbridge?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day of the Week** | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

 ***(Please tick your availability)***

|  |
| --- |
| SKILLS, KNOWLEDGE AND EXPERIENCE |
| Please use this space to demonstrate clearly, with examples, how your skills, knowledge and experience meet the requirements for the particular volunteering post.*(Use* ***ONE additional piece of paper if needed)***  |
|  |

Please provide the names and contact details of two referees who will vouch for your identity and confirm your suitability for carrying out the duties involved. The referees must have known you for at least one year and cannot be a member of your family.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Job Title (if relevant)** |  | **Job Title (if relevant)** |  |
| **Organisation****(if relevant)** |  | **Organisation (if relevant)** |  |
| **Address**  |  | **Address** |  |
| **Street** |  | **Street** |  |
| **City** |  | **City** |  |
| **Postcode** |  | **Postcode**  |  |
| **Telephone**  |  | **Telephone** |  |
| **E-mail Address** |  | **E-mail Address** |  |
| **Relationship to you** |  | **Relationship to you** |  |

**Volunteer Declaration**

**I confirm that the information I have given above is accurate.**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

**Please return completed application to: miranda@healthwatchredbridge.co.uk**