

Solace Women's Aid is an independent charity providing a range of refuge, support and holistic services for women and children enabling them to live their lives free from domestic abuse



Counselling Volunteer Application Form

Please complete form in black ink and return to the **Counselling Service Coordinator** at **6 - 9 Manor Gardens, London N7 6LA** or ring for more details on 020 7272 0980
Email: - counselling@solacewomensaid.org or for more information on Solace Women's Aid visit www.solacewomensaid.org

Family name/surname: -----

Forename(s)/given name(s): -----

Address: -----

----- Postcode: -----

Telephone - Home: ----- Mobile: -----

Email: -----

What is your preferred form of communication? (Please mark with x)

Post		Email		Phone	
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YOUR PAID WORK OR VOLUNTEER WORK EXPERIENCE

Please give details of your present or most recent

Employer/Organisation: -----

Address: -----

From: (month, year) -----To: (month, year) -----

Summary of key responsibilities: -----

Area of Volunteering

Please indicate which area you would be interested in volunteering in:-

(Please mark with an x as many as you like)

Camden		Islington	
Enfield		Lambeth	

Availability

(Please mark with an x times/days of the week you would be available)

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					

Do you have any medical conditions or disabilities that could affect your role as a volunteer? A disability or health problem will not prevent full consideration of your application. We can discuss any access needs you may have at the interview stage

Yes/No If YES please give details:

We recognise and welcome our responsibility to remove any barriers for disabled people. We are committed to making reasonable adjustments wherever possible and it would be helpful to know your needs in order for us to do this.

Declaration of Criminal Record

Have you ever been convicted of a criminal offence, cautioned or given a bind over?

Yes/No

If yes, please give details:

Date	Offence	Sentence

Rehabilitation of Offenders Act 1974 - Volunteering with Solace Women's Aid involves contact with vulnerable children, young people and adults, therefore all spent offences must be disclosed.

REFEREES

References will be taken up once an offer for a volunteer role has been made and verbally accepted. Please give TWO referees and indicate in what capacity they are known to you. At least one should be from someone who can comment on your counselling abilities.

Please do not use referees who are related to you.

Name:-----	Name:-----
Organisation:-----	Organisation:-----
Address:-----	Address:-----
-----	-----
Telephone no:-----	Telephone no:-----
Email Address:-----	Email Address:-----
Relationship:-----	Relationship:-----

In accordance with the Data Protection Act 1998 I give my consent for the information contained in this form to be processed in accordance with Solace Women’s Aid volunteer policy for the purposes of recruitment. I understand that if offered the volunteer placement, this application form will be held by Personnel for the duration of my volunteer placement and destroyed in line with the Solace Women’s Aids Data Protection Policy.

The information given is correct to the best of my knowledge. I understand that because of the sensitive nature of volunteer duties a CRB (Criminal Records Bureau) check will be required.

Signature: _____ Date: _____

EQUAL OPPORTUNITIES SWA COUNSELLING SERVICE - MONITORING FORM

The information requested is confidential and anonymous and will be used purely for monitoring purposes.

It will not be used as part of the selection or recruitment procedure.

The form will be separated on receipt of your application. The recruitment panel will not see this form. Do not put your name on this form.

If you do not wish to answer any of the questions, please leave the space blank.

Which Solace Women's Aid service(s) are you interested in Volunteering for:				Counselling Volunteer	
<u>ETHNIC ORIGIN</u>					
The object of ethnic monitoring is to ensure that racial discrimination does not take place. Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does not mean country of birth or nationality.					
I would describe my ethnic origin as (Please mark with an x):					
Asian		Bangladeshi		Black British	
Caribbean		Chinese		East African	
Indian		Irish		Middle East	
Other African		Pakistani		Somali	
Vietnamese		White British		Other	
<u>SEXUALITY</u>					
I would describe my sexuality as (Please mark with an x):					
Bisexual		Heterosexual (Straight)		Lesbian	
Unsure		Prefer not to say			
<u>CARING RESPONSIBILITIES</u>					
In the past people, (particularly women), who are responsible for the care of children, elderly relatives or others have been discriminated against in applications. Do you have major responsibility for the care of any dependants?					
YES		NO		Prefer not to say	
<u>DISABILITY</u>					
A disability or health problem does not preclude full consideration for a voluntary position within Solace Women's Aid. Do you consider yourself to have a disability?					
YES		NO		Prefer not to say	
<u>PERSONAL EXPERIENCE</u>					
Have you personally been affected, as an adult, by Domestic Violence?					
YES		NO		Prefer not to say	
Have you personally been affected, as a child, by Domestic Violence?					
YES		NO		Prefer not to say	
Have you ever accessed a Domestic Violence Service?					
YES		NO		Prefer not to say	
<u>WHERE DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY?</u>					
Solace Women's Aid wishes to make sure that all opportunities are advertised as widely as possible. Could you please say how you heard about volunteering at Solace?					

Thank you very much for your co-operation in completing this form