



Headway

improving life after brain injury

Application Form

1. Personal Details – Please complete and return to the Shop Manager

Name:

Address:

Contact No:

Email Address:

Emergency contact details:

2. Any illnesses or disabilities you would like us to be aware of (*please detail*):

3. Availability

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

4. Rehabilitation of Offenders Act:

Do you have any previous convictions (including convictions which for other purposes would be classed as 'unspent' under the terms of the Rehabilitation of Offenders Act?) Please tick

☐ YES ☐ NO

If YES please give details in an envelope to the manager marked as 'Confidential'.

5. Referees

Please give names and contact details for two people who we can ask to provide a reference.

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Tel:	Tel:
Email:	Email:

6. Please provide proof of Identification with your application (e.g. passport, driving license, utility bill)

Signed: Date:

7. Parental/Guardian Consent for volunteers aged 16 and under:

I give my consent for..... to volunteer in the Headway shop	
in	Date
Name.....	Signature

Volunteer Reference Form

Strictly Confidential

As part of our safer recruitment process, we request a reference in support of all volunteer applications. We would be grateful if you could answer the following questions based on your knowledge and experience of the person, giving as much information as you can.

Name of volunteer	Your name
How long have you known the applicant?	In what capacity do you know them?
Based on the role description, do you think the applicant has the ability to be successful in this role? Why?	
Are you aware of any reason why the applicant should not volunteer with us?" If so, please provide further details.	

Please rate the following in relation to the individual (please tick as appropriate)				
	Excellent	Good	Fair	Poor
Time keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'fair' or 'poor' has been ticked for the above, please comment further: 				

Volunteers for Headway UK carry out a range of activities and roles, many of which include close contact with brain injury survivors, their carers and families. Headway UK has a responsibility to safeguard vulnerable adults who use our organisation as well as our employees. Please provide an assessment as to the applicant's suitability to work with vulnerable adults? If there is any reason why they would not be suitable please provide a full explanation.

Please provide any information relating to the individual that you feel is relevant for us to know:

Signature

Date

Thank you for volunteering