**Thank you for considering Birmingham and Solihull Women's Aid as an organisation to volunteer your time to. Volunteers are a valued and integral part of our organisation, forming the very foundation on which BSWA was established. Since our inception, volunteers have played a vital role in contributing immeasurable value to our organisation, shaping who we are today.**

**Before applying to become a volunteer with us, please consider the following:**

|  |  |
| --- | --- |
|  | I have ensured I am able to commit to the training dates. |
|  | I am able to provide BSWA with two references as part of my application.  *If you encounter challenges in securing two non-relative references, please reach out to our Volunteer Coordinator, Sanah Ghazni, at Sanah.Ghazni@bswaid.org to explore alternative options.* |
|  | After the six-weeks of training, I understand BSWA will hold an interview with you in order to check my understanding of the training. |
|  | I understand BSWA will reimburse expenses to attend the training up to the cost of £4.60 (with the exception of reimbursing pre-paid monthly travel cards). |
|  | I have you read through BSWA values and culture and feel that I could work within these.  *It is essential that everyone who volunteers or works at BSWA believes women and children’s experiences of abuse and recognises the importance of supporting women to feel empowered and make their own choices over their lives.* |
|  | I understand that BSWA supports women from a pro-choice stance.  *This means that we recognise the importance of supporting women to access all available options should they not wish to continue a pregnancy, including terminations.* |
|  | I understand the training that BSWA offer and the nature of the work, means that I may be exposed to difficult situations.  *BSWA will endeavour to support you with this as much as possible but please do think about this when deciding which role, you feel you would be interested in.* |
|  | I understand that in order to BSWA to manage security of information and confidentiality I will not be accepted on the volunteer programme if I am currently under BSWA support or have been within the last 6-months.  *If you have been supported by BSWA within the last 6-months you can apply at a later date or request the Volunteer Coordinator keep your application on file.* |
|  | I understand that due to the nature of our work, BSWA exclusively accept applications from women.  *(These posts are covered by a Genuine Occupational Requirement (Schedule 9; Equality Act 2010 and women only need apply).* |
|  | I am over 18 years of age. |

VOLUNTEER APPLICATION

All applications are strictly treated as private and confidential.

Please ensure you complete **all sections** on the form

If completing non-electronic version, please ensure writing is clear and legible.

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| 1. **Personal Details** | | | |
| First name(s): | Last name: | | |
| Address: | | | |
| Contact Telephone no: | Mobile Telephone no: | | |
| Email address:    Please indicate if you are happy to receive correspondence via your email address e.g. invite to training letter:                           **YES   NO** | | | |
|  | | | |
| 1. **DBS Check / Rehabilitation of offenders’ act**   Please note that this post is subject to a successful DBS check.  You will be asked to disclose any criminal convictions, including spent convictions, cautions, reprimands, final warnings or police enquiries. This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974. | | | |
| Have you ever been convicted of a criminal offence?  If yes, you may be asked to supply details | | **YES** | **NO** |
|  | |  |  |
| 1. **Arrangements for training & interview** | | | |
| Please state any special requirements you may have in attending an open day/weekly training and/or interview relating to disability or access needs: | | | |
| 1. **Please outline why you are you interested in volunteering for BSWA. (max 200 words)** | | | |
| 1. **You do NOT need any qualifications or direct experience of working with women & children that have experience Domestic Abuse, we will consider all applications based on your engagement with our values and training.**   **Please tell us about any relevant skills, training or experience you have through work or volunteering that would be useful in supporting vulnerable women and children. (max 200 words)** | | | |
| 1. **Please list any relevant work experience, training or volunteering experience in the table below:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Dates** | | | | **Organising body Employer**  **Organisation Educational Institution** | **Examination**  **Course Title**  **Job / Volunteer Role** | **Results / Grades**  **(if applicable)** | | **Start** | | **End** | | | **M** | **Y** | **M** | **Y** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | |
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| 1. **BSWA works from feminist principles, why do you think this is important? (max 200 words)** | |
| 1. **Why do you think some women stay in relationships with abusive men? (max 200 words)** | |
|  | |
| 1. **Is there any thing else you feel is relevant that you would like us to know? (max 200 words)** | |
| 1. **REFERENCES** - Please provide the names and addresses of two referees. It would be preferable if one was from your current or a recent paid or voluntary employer, support worker, landlord, tutor. | |
| Name:    Address:        Email Address:  Telephone Number:  Relationship to you: | Name:    Address:        Email Address:  Telephone Number:  Relationship to you: |

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| **Declaration** |
| The above information is complete and correct. I understand that statistical information contained on this form and on any application made by me to BSWA may be used for planning purposes in accordance with data protection legislation. Personal information shall be treated in strict confidence and only those authorised will have access to it. Information will not be disclosed to any external agency by BSWA without my consent except where there is a legal requirement to do so. |

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| Signed: | Date: |

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| Please return this form with your training confirmation slip to:  Volunteer Coordinator  Birmingham & Solihull Women’s Aid  Ryland House  44-48 Bristol Street  Birmingham  B5 7AA  or email: [Sanah.Ghazni@bswaid.org](mailto:Sanah.Ghazni@bswaid.org)  ***Please note: Application forms not signed or fully completed may be refused*** |