

VOLUNTEER EXPRESSION OF INTEREST FORM

Thank you for your interest in being a volunteer with Women's Aid. Please complete the details below. We may require more information than you expected to give. Most Women's Aid volunteers will be in contact with people who may be vulnerable and confused and our selection procedures reflect the need to protect them and to protect our volunteers.

	Miss/Mrs/Ms/other				
	Email				
Date of Birth					
Can you drive?	Yes / No				
Have you access to a car?	Yes / No				
Below are a list of areas that you particular interest to you.	may consider helping in. Please tick the following a	ıreas, of			
Working with children	Management Committee				
Working with women	Aftercare/Outreach				
Fundraising	Administration	Administration			
Training and Awareness	Information and Advice				
Court Support					
Please indicate any other ways in wl					
Have you any previous experience of	of voluntary work?				
Do you have any particular skills crafts/cooking/music etc	you would bring to your voluntary work? For examp				



How did you hear about us?		
Newspaper	Service user	
Leaflet	Friend	
Poster	Other (Please sta	ite)
DISCLOSURE OF CONVICTIONS Because of the nature of the vo	•	•
information about convictions, incompressions convictions will not previous carried out when your applications.	cluding those that would other rent full consideration of yo	nerwise be considered as spent.
Have you ever been convicted of a	criminal offence?	Yes / No
If YES, details including type of offe be included in a separate sealed TO THOSE INVOLVED IN THE SE	envelope. THIS INFORMAT	
REFEREES		
Please give the names and addres relatives). If possible, one of these		•
Name: Address:	Address:	
Post Code: Tel. No. Relationship: Email (if known)	Post Code: Tel. No. Relationshi	p:
Declaration: To the best of my knowledge, that it may be kept on a computer data file information which is later discovered to be i	and that it will not be divulged to any	y other organisation. I understand that any
Signed	Date	

Thank you for completing this form
Please return to: Omagh Women's Aid, 9 Holmview Terrace, Omagh, BT79 0AH or info@omaghwomensaid.org



MONITORING FORM STRICTLY CONFIDENTIAL

This form is required by our funders to ensure that Women's Aid is not discriminatory, and is fulfilling the specified criteria.

Note: Women's Aid is a women only organisation and the lawful recruitment of a female(s) for the post(s) falls within the exemption stated in Article 10 (2B and 2E) of sex discrimination (NI) order 1976. Women's Aid is a registered charity supporting Equal Opportunities Policies. We support equality of opportunity in employment.

Postcode:

Are you currently in paid employment	nt? Yes / No	If YES,	Full Time/Part T	ime					
Age Band: I belong to the following age band:									
18 – 25 26 – 35 36 – 5	0 Over 50								
Disability: The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability, unless there is a good reason.									
Do you consider yourself to have a disa If you have answered 'no', please ignor If you have answered 'yes', please con	e the remaining quest	ions in this section	No 🗆 n.						
Do any of the disabilities or conditions have a substantial and long term adver your ability to carry out normal day-to-c	se effect on	Yes 🗆	No □						
Please tick the category or categories,	which apply to you:								
- Hearing impairment		- Visual impa	irment						
- Speech impairment		- Mobility imp	airment						
- Physical co-ordination difficulties		- Reduced ph	ysical capacity						
- Learning difficulties		- Mental health difficulty							
RACE: The Race Relations (NI) Orccolour, race, nationality or ethnic or		nlawful to discr	iminate in employ	ment on grounds of					
Which of the following groups do you c	onsider you belong to:								
- White		- Of Black Afr	ican origin						
- Of Black Caribbean origin		- Of Chinese	origin						
- Of Bangladeshi origin		- Of Indian or	igin						
- Of Pakistani		- Of other orion (Please spe	gin cify)						
Are you a member of a mixed ethnic gr Are you a member of the Irish Traveller		Yes Yes	No No						