

VOLUNTEER PLACEMENT APPLICATION FORM

PEOPLE WITH MANY DIFFERENT SKILLS AND EXPERIENCES CAN TACKLE
DISADVANTAGE BY VOLUNTEERING WITH VSO.

We would like you to visit our website at www.vso.org.uk, or call VSO Enquiries on
020 8780 7500 to see if there might be opportunities for you.

When you are ready to volunteer within 12 months you can use this form to tell us
about your qualifications, experience and personal circumstances.

We will assess:

- whether a local partner is likely to ask for your skills
- your readiness to live and work in a developing country.

You can help us to make these assessments by:

- filling in all the sections of this form fully
- using black ink that will photocopy well.

IF YOU WOULD LIKE TO SEND US YOUR CV AS WELL AS THIS FORM PLEASE FASTEN
THE TWO TOGETHER SECURELY.

If we select you to be a volunteer we will work with you to match you to a suitable
placement. We will facilitate your learning in preparation for your role in
international development.

We strive to store and process personal data responsibly. Our Data Protection
practices and your rights under the Medical Reports Act are described inside the
back of this form.

FAMILY NAME

OTHER NAMES

OCCUPATION/PROFESSION

1 PERSONAL DETAILS

Date of Birth / / (day/month/year) Male ☐ Female ☐

Nationality (If you are not a European Community National refer to 'The VSO Experience')

Your address (the address you will be at for all or most of the next 12 months)

Postcode

Daytime telephone number

Fax number

Evening telephone number

Mobile

E-mail address

Alternative correspondence address

Postcode

Type of address (home, family, friend, work or other)

Daytime telephone number

Fax number

Evening telephone number

Mobile

E-mail address

How would you prefer us to contact you regarding your application? Post ☐ Email ☐

Criminal convictions can have a bearing on your eligibility to obtain a visa to work in a different country.

Have you been convicted of a criminal offence in the last 5 years? Yes ☐ No ☐

Do you have any criminal proceedings pending? Yes ☐ No ☐

If you have answered yes, please give details below or attach further details on a separate sheet.

The Rehabilitation Act of 1974 (Exceptions) Order 1975 (as amended) states that you do not generally have to disclose details of spent convictions.

2 DISABILITY

VSO welcomes applications from disabled people. If you have a disability, please tick the box ☐

We will contact you to discuss any support you may need if invited to an Assessment Day.

3 AVAILABILITY

How much notice does your current employer need?

From filling in the application form to going on a placement usually takes 4-8 months.

We do not invite people to an Assessment Day more than a year before they are available to go away on a placement.

What is the earliest date you would be available to go on a placement? (month/year)

The majority of placements last two years. Are you prepared to commit yourself for this period? Yes ☐ No ☐

If not, how long are you prepared to go for?

Have you ever submitted a volunteer placement application form to VSO before? Yes ☐ No ☐

If so, in which year did you apply?

What was the outcome?

4 FINANCIAL COMMITMENTS

We ask you to think carefully about the financial implications of working in a developing country for two years. Volunteers are paid a modest living allowance in the currency of the country in which they work. This is enough to live on in that country, but it is not enough to cover any other financial commitments.

Do you have any financial commitments?

Yes ☐

No ☐

(for example life insurance, a mortgage, maintenance or student loan)

If so, how much are you committed to paying a month?

£

How will you meet these commitments if you become a volunteer?

5 RELATIONSHIPS

Working as a volunteer makes as many demands on your personal resources as on your professional skills. In our experience your personal circumstances can have a bearing on your success as a volunteer.

Tick the boxes that apply to you

Month and year

Month and year

☐ Single

since

☐ Married

since

☐ With a partner (not co-habiting)

since

☐ Separated

since

☐ Living with a partner

since

☐ Divorced

since

☐ Engaged

since

☐ Widowed

since

6 DEPENDANTS/CARING COMMITMENTS

Do you have children under 18 years?

Yes ☐

No ☐

Are they living with you or dependent on you?

Yes ☐

No ☐

No. of children

Their ages

Is anyone else dependent on you for care or support?

Yes ☐

No ☐

If you have dependants, what arrangements will you make for them while you are on your placement?

7 COUPLES/PARTNERS

Please complete the appropriate sections. Delete the section if it does not apply to you.

We will consider applications from couples. However, most of our local partners ask for only one volunteer. So the prospects of a couple going to a developing country are greater if only one of them goes as a volunteer.

If you have a partner, what is his or her name?

Volunteering partners

Does he or she intend to apply as a volunteer? Yes ☐ No ☐ What is his/her occupation?

Has he or she already sent in an application form? Yes ☐ No ☐ If yes, when did he or she apply?

If applying as a couple please send both your forms stapled together. If your forms are sent separately, VSO will only assess the forms when both have been received.

Partners not applying to VSO

Does your partner intend to: Remain in your home country? Yes ☐ No ☐

Accompany you?

Yes ☐ No ☐

Come to visit you?

Yes ☐ No ☐

If they intend to come to visit you, please give an estimate of their intended length of stay

(months)

8 EDUCATION AND QUALIFICATIONS

Please tell us about any formal, trade or vocational training or education you have received from age 16 (and any other qualifications relevant to your application gained pre-16). Begin with the most recent and work backwards. Please do not use abbreviations.

[illegible]

9 REFERENCES

Referees must not be related to you. If we invite you to interview (Assessment Day) we will take up your references straightaway. We may not contact you before doing so. References form part of the Assessment Day decision. We cannot give you the results of an Assessment Day unless we have received your references.

Personal reference: Someone who has known you well in a social capacity for at least two years.

Name	
Address	
	Postcode
Home telephone number	Work telephone number
Fax number	Occupation
E-mail address	
How do they know you?	

Professional reference: Someone who can comment on your recent professional skills and has known you professionally for at least two of the last four years; e.g. a tutor, a recent/current employer, or client if self-employed.

Name	
Address	
Postcode	
Home telephone number	Work telephone number
Fax number	Occupation
E-mail address	
How do they know you?	

10 WORK EXPERIENCE

Please attach a photocopy of this page if you need more space.

Please give details of your work experience starting with your most recent job and working back through your previous jobs. Include any periods of unemployment, travel or any voluntary work you have done. Account for any gaps. Please do not use abbreviations.

Dates	Name and address of employer and type of business	Job title and full description of main duties and responsibilities
From month and year <hr/> To month and year <hr/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From month and year <hr/> To month and year <hr/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From month and year <hr/> To month and year <hr/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From month and year <hr/> To month and year <hr/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From month and year <hr/> To month and year <hr/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
From month and year <hr/> To month and year <hr/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

11 YOUR HEALTH

You will need to have a full medical examination before you can go away. To establish if you need initial medical clearance please answer these questions. If you are waiting or have been referred for hospital treatment or an operation please do not apply until fully fit.

If you answer YES to any of the following questions please give brief details in the space provided, including the dates, treatment, outcome and follow-up. You must complete this section. Failure to provide the information required below may lead to a delay in processing your application at a later date.

Have you ever had any major illness, operation or accident?

Yes ☐ No ☐

Give details and dates

Have you ever suffered from any psychiatric or psychological problem including stress, anxiety and depression?

Yes ☐ No ☐

Give details and dates

Are you taking any type of medication including inhaled asthma medication?

Yes ☐ No ☐

Give details and dates

Do you have any objections or allergic reactions to vaccinations?

Yes ☐ No ☐

Give details and dates

The VSO UK Medical Unit may need to contact your doctor for more information.

Your signature below will entitle us to do so. If you wish to discuss any details in confidence please contact the VSO UK Medical Unit directly, either in writing or by telephone (020 8780 7685/7679).

Doctor's name (Please ensure that the named doctor holds your medical records)

Address

Postcode

Telephone number

12 HEALTH DECLARATION

We cannot proceed with your application unless you have signed this health declaration.

Please see notes on the Access to Medical Reports Act 1988 on the sheet attached to the back cover.

I give my permission for the VSO UK Medical Unit to contact my doctor for a medical report.

I understand my rights under the Access to Medical Reports Act 1988 and have read the summary of my principal rights attached to this form.

SIGNATURE:

DATE:

13 OTHER SKILLS

Volunteers often need experience in some of the skills below, in addition to particular professional competencies.

Please tick the areas in which you have experience:

- | | | |
|---|--|--------------------------|
| 1 | Management (including staff supervision, teambuilding, project co-ordinating, strategic analysis & planning, managing resources, developing systems and information management.) | <input type="checkbox"/> |
| 2 | Training (1:1 and group training, including on-the-job training and mentoring) | <input type="checkbox"/> |
| 3 | Advocacy (including lobbying, campaigning, PR, raising awareness, influencing) | <input type="checkbox"/> |
| 4 | Monitoring & Evaluation (including quality assurance, impact assessment) | <input type="checkbox"/> |
| 5 | Fundraising | <input type="checkbox"/> |
| 6 | Working with community groups (including F.E colleges, after school clubs) | <input type="checkbox"/> |
| 7 | Writing project proposals and reports | <input type="checkbox"/> |
| 8 | Working with HIV and AIDS | <input type="checkbox"/> |

For the areas you have ticked, please give further details in the spaces below. Attach extra sheets if needed:

- Use practical examples to illustrate the skills you have
- Make reference to the work experience section where applicable
- Include any relevant short courses and training if they are not mentioned elsewhere

NUMBER	DETAILS
<input type="text"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="text"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="text"/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Teaching

Tell us about any teaching experience you have:

Subject	Level of students	Age of students	Amount of experience (years/months)
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Languages

Tell us about any additional languages you speak and your level of ability.

A = Able to work/teach in this language B = Advanced general ability C = Intermediate ability D = Basic Ability

Language	Speaking	Listening	Reading	Writing
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

14 RECRUITMENT INITIATIVES

What is the most recent advertisement or mention of VSO you have seen or heard? This will help us to assess how successful our various recruitment activities have been.

(Please tick all that apply)

Advertisement

- ☐ Cinema
- ☐ Local Newspaper (state title below)
- ☐ Magazine (state title below)
- ☐ National Newspaper (state title and day of the week below)
- ☐ Poster

- ☐ Internet (state website)

- ☐ Meet VSO evening

- ☐ VSO Open Day

- ☐ Show, Fair or Exhibition

- ☐ Other organisations, e.g. charities, volunteer bureau, library etc. (state which)

- | | |
|---|---|
| <input type="checkbox"/> Directories/books | <input type="checkbox"/> Returned VSO Volunteer |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> VSO Local Group |
| <input type="checkbox"/> TV | <input type="checkbox"/> VSO staff |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Serving VSO Volunteer |
| <input type="checkbox"/> Someone I know | <input type="checkbox"/> Returned Volunteer Hotline |
| <input type="checkbox"/> Other (please state) | |

15 BRIEF DETAILS IN SUPPORT OF YOUR APPLICATION

Do not attach extra pages

Why do you want to work in a developing country as a volunteer?

Which elements of your work experience would you most like to use as a VSO volunteer?

Give details of any additional skills gained outside your professional work (including voluntary activities)

If you are selected, VSO will endeavour to send you to the most appropriate placement. Are there any countries where you are not prepared to work, or is there any type of work you would not want to do? Please explain why.

Are you prepared to teach or train if your placement requires it?

Yes ☐ No ☐

Have you considered trying to obtain leave of absence from your employer for the duration of your placement?

Yes ☐ No ☐

VSO will hold your details in accordance with the UK Data Protection Act 1998 and with VSO's Data Protection Policy.

16 DECLARATION

I declare that to the best of my knowledge the information I have given is correct. I understand that, in the event of a successful application, it is VSO policy to check Security (Police and Department of Health and Department of Education and Skills) records for all volunteers. Volunteers who have lived in the UK in the last 5 years will be asked to apply for an enhanced Disclosure.

For information please refer to www.disclosure.gov.uk

I declare that I have never been convicted of a sexual offence, or dismissed from a post working with children, the elderly or disabled for malpractice. I am willing to undergo the Security checks appropriate to my country of residence.

SIGNATURE:

DATE:

FOR RECRUITMENT OFFICE USE

DATA PROTECTION ACT 1998

If you complete this form, VSO will store and process your data in accordance with the requirements of its Data Protection Policy and in keeping with the Data Protection Act 1998.

VSO will strive to observe the law in all collection and processing of subject data and will meet any subject access request in compliance with the law. VSO will only use data in ways relevant to carrying out its legitimate purposes and functions as a charity in a way that is not prejudicial to the interests of individuals. VSO will take due care in the collection and storage of sensitive data. VSO staff will do their utmost to keep all data accurate, timely and secure.

ACCESS TO MEDICAL REPORTS ACT 1998

(See Section 12 Health Declaration)

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a medical practitioner who is, or has been, responsible for your clinical care.

Option A

You may withhold your consent to an application for a report from a medical practitioner.

Option B

You may consent to the application, but indicate your wish to have access to the report before it is supplied. (You must make the necessary arrangements with the medical practitioner to see the report; it will not be sent to you automatically.)

The medical practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to it being supplied.

Option C

You may consent to the application for the report but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made and notify the medical practitioner in writing he/she should allow 21 days to elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you have changed your mind).

Option D

Whether or not you decide to seek access to the report before it is supplied, you have the right to seek access to it from the medical practitioner at any time up to six months after it was supplied.

ETHNIC ORIGIN MONITORING FORM

VSO aims to make volunteer experience equally rewarding for all volunteers. To this end, VSO is committed to attracting volunteers from a variety of ethnic groups, reflecting the ethnic diversity of our recruitment base in the UK and elsewhere.

By answering the following questions you will enable us to monitor recruitment and to provide appropriate support.

The information on this page will not be taken into account in any assessment of your suitability to be a VSO volunteer.

This page will be separated on receipt of this application from.

1 ETHNIC ORIGIN

How would you describe your ethnic origin?

UK citizens can belong to any of the groups below. The categories we have used are recommended by the Commission for Racial Equality as used in the 2001 UK Census.

Asian

African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Black

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Mixed

White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Caribbean	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

White

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>