



Application Pack – Volunteers & Peer Mentors

Thank you for requesting this application pack.

Notes on Application

Please read these notes carefully, they will help you to provide us with all the information we need to consider your application.

Completing the application form

Please note that only applications completed on this form will be accepted. Applications made on old application forms may be rejected.

All sections of the form must be completed for us to be able to assess your application, if a section isn't relevant please put 'N/A' (not applicable). Don't substitute, or cross reference information on this form, with curriculum vitae.

If we wish to progress your application further, you will be contacted by phone or letter advising you of the next stage of the process.

Information required on application

We require you to give us the details of at least 2 referees who have known you for at least 2 years. They will need to be able to give their opinion as to your suitability for the role.

Referees must be professional and appropriate to the position applied for although for school or college leavers, an academic reference would be suitable.

If you are accessing substance misuse treatment or are in recovery we will accept references from any professional who is or has supported you.

We are unable to accept a reference from a family member or personal friend.

References will be requested automatically after a conditional verbal offer has been accepted.

Please ensure that your contact details are correct as this will prevent delays in the application process.

The interview process

DBS checks

All volunteers within CGL are required to undergo a DBS check at enhanced level; all offers of a volunteer post is subject to a satisfactory DBS check.

Queries or concerns

Please contact the Human Resources Department at CGL directly if you have any queries regarding this process.



Application to become a CGL Volunteer

Please complete all sections unless the section is not relevant in which case please put N/A (not applicable) in the space provided.

Role applied for

Role:	Reference Number:
	Closing Date:
Location:	

Where did you see this role advertised?
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Personal details

Family name	
Forename	
Title (Mr/Ms/Mrs/Miss etc)	
Address	
Postcode	
Telephone (home)	Mobile phone number
Work	
Email Address	

Do you **require** a work permit or any other kind of document to show that you have necessary permission to work in the UK? **Yes / No**

Do you currently **have** the necessary documentation to enable you to work in the UK? **Yes / No**

Are you related to, friends with or in a relationship with any current or former CGL staff member, volunteer or service user? **Yes / No**

If you answered yes to any of the 3 questions above, please give details below
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Occupational History Please give details of your last 3 positions. Please note references will be requested automatically after a conditional verbal volunteer role offer has been accepted.

Name and address of current or most recent employer	Your job title
Postcode	
Start date Month Year	Present salary
Brief description of duties	Leaving date Mth Year
	Reason for leaving or for wanting to leave
Referees name and telephone number:	Referees job title
Referees business email address:	

Name and address of previous employer	Your job title
Postcode	
Start date Month Year	Salary on leaving
Brief description of duties	Leaving date Mth Year
	Reason for leaving
Referees name and telephone number:	Referees job title
Referees business email address	

Name and address of previous employer	Your job title
Postcode	
Start date Month Year	Salary on leaving
Brief description of duties	Leaving date Mth Year
	Reason for leaving
Referees name and telephone number:	Referees job title
Referees business email address	

Previous history

Please give as much information as you can about your work/voluntary work history previous to the three jobs above. If you have taken study/career breaks please include details. For guidance, information about unrelated positions dating back more than 15 years need not be provided.

Employer's name and address	Position held
	From To
Postcode	
Reason for leaving	

Employer's name and address	Position held
	From To
Postcode	
Reason for leaving	

Employer's name and address	Position held
	From To
Postcode	
Reason for leaving	

Please give details of any breaks in your work history

Professional Qualifications

Please give details of any professional qualifications or membership of professional bodies

Qualification/level	Issuing college/authority	Date issued

Professional Registrations

Please give details of any clinical registrations

Professional Body & Registration Status	Registration/PIN Number	Expiry/Renewal date

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	Yes / No
Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?	Yes / No
Do you have personal liability insurance cover?	Yes / No

Educational Qualifications

Please give details of educational qualifications and examinations passed

School/college	Subject	Date issued

Qualifications currently being studied for

Qualification/level	Issuing college/authority	Finishing date

Personal statement

Please refer to the person specification, where you will find the skills and experience required. Please state how you feel you meet these criteria's. This can include your skills, strength and why you would like to volunteer for CGL and what you are hoping to gain. This information will play a significant part in the shortlisting process.

Please continue on an additional sheet if necessary

A large, empty rectangular box with a thin black border, intended for the applicant to write their personal statement. The box is currently blank.

Vaccinations

Many of the roles within CGL involve working with various service users and clients, therefore depending on the role vaccinations for various illnesses are recommended.

Have you had a tetanus injection? If yes, please give the date of your most recent one.	Yes / No
Have you had a BCG vaccination (for the prevention of tuberculosis)? If yes, please give the date	Yes / No
Have you had a Hepatitis B vaccination? If yes, please give the date	Yes / No

Declaration

To my knowledge the information above is correct. I understand that if I am appointed and this information is found to be inaccurate this may affect my continued involvement with CGL.

SIGNATURE	DATE