

Volunteer Application Form

Experienced Counsellor



Please complete this form in type or write clearly in black ink

Title First Name Surname

Address

Postcode

Email

Home telephone

Mobile telephone

How did you hear about Alzheimer Scotland?

Detail previous counselling experience and include number of accrued client hours (client hours can include training client hours and work experience).

Do you have any other life experience or interests you would consider relevant to voluntary work for Alzheimer Scotland (for example, caring for someone with dementia, other caring experience, other voluntary work)?

Please say briefly why you are interested in volunteering for the counselling service

Days and times you could potentially be available (please tick all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (9am - 1pm)							
Afternoon (1pm - 5pm)							

References

Please give the names of two referees who are not relatives

Name		Name	
Address		Address	
Telephone		Telephone	
Email		Email	
In what capacity are you known to the referee?		In what capacity are you known to the referee?	

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 allows people who have been convicted of certain criminal offences to regard their conviction as “spent” after a period of years. This means that, in general, no reference need be made to the conviction or any circumstances relating to it.

Because of the nature of the voluntary work for which you are applying, however, this post may be excepted from the provision of the Act. You are therefore required not to withhold information about convictions which for other purposes are “spent” under the provision of the Act. In the event of recruitment as a volunteer, any failure to disclose such convictions could result in Alzheimer Scotland ending your voluntary involvement.

Any information given will be considered only in relation to applications to become a volunteer where such an exception is appropriate.

I have read and understood the above and have the following convictions to disclose:

Tick if none

Please note that all successful candidates will be subject to a criminal conviction check through Disclosure Scotland.

The information in this application is a true record of my personal situation.

Signature:

Date:

Thank you for applying to be an Alzheimer Scotland volunteer. We will be in contact with you as soon as possible.

Please return this form to:

Jennifer Hall

Head of National Support Services

Email: jhall@alzscot.org

Tel: 07823 556 795