



Volunteer Application Form

Please ensure this application is completed in full, using **BLOCK capitals**, and return with a covering letter. Your C.V. may also be added as an addition to your application.

You **MUST** refer to the **GSC Volunteer Application Guidelines** before submitting your form. Unfortunately processing may be delayed or the application rejected if details are incomplete or incorrect.

VOLUNTEER ROLE DETAILS							
Position applied for							
When are you able to volunteer?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
PERSONAL DETAILS							
Title		Forename(s)		Surname			
Address							
Town / City				Postcode			
Tel# Home				Tel# Mobile			
Email							
SECONDARY EDUCATION <small>Please list all secondary education qualifications, levels grades and the date they were achieved.</small>							
Qualification /Subject	Level (S,H,O)	Grade Achieved	Date Achieved	Qualification /Subject	Level (S,H,O)	Grade Achieved	Date Achieved

FURTHER EDUCATION					Please list all relevant educational qualifications and memberships to professional bodies. Continue on a separate sheet if necessary.
Qualification / Subject	Level e.g. HND/ HONS MSC / DIP	Grade	Date achieved	Where achieved / Professional body	

MOST RECENT EMPLOYMENT / VOLUNTARY ROLE					References will not be checked until an offer of volunteer has been made.
Company Name					
Company Address					
Position Title				Salary (If applicable)	
Duties / Responsibilities (Please list)					
Start date		End date		Notice period	
Reason for leaving				Referee name	

EMPLOYMENT HISTORY					Please list previous employers & give an explanation for any breaks in employment / volunteering. Referees for previous employers may be contacted automatically. Continue on a separate sheet if necessary.
Company Name					
Company Address					
Position Title				Salary (If applicable)	
Duties / Responsibilities (Please list)					
Start date		End date			
Reason for leaving				Referee name	
Company Name					
Company Address					
Position Title				Salary (If applicable)	
Duties / Responsibilities (Please list)					
Start date		End date			
Reason for leaving				Referee name	

WHY YOU WANT TO VOLUNTEER?

Please use this space to tell us why you want to volunteer at Glasgow Science Centre.

ADDITIONAL SKILLS

Please summarise details of your skills, experience, personal qualities and achievements to date which you feel make you a suitable candidate for this role. (max 250 words)

HOBBIES & INTERESTS

Please list any hobbies and interests you may have.

OTHER INFORMATION

Disclosure

I understand that any offer of volunteering may be subject to information on my criminal record being disclosed to Glasgow Science Centre by Disclosure Scotland. This is only required should I be appointed to Glasgow Science Centre.

References

Glasgow Science Centre request references from the 2 most recent employers / volunteer organisations. References will not be checked until an offer of volunteering has been made by GSC. By completing the declaration at the end of this application form you agree to Glasgow Science Centre contacting the referees supplied following an offer of volunteering. You may also provide an academic reference as an additional reference.

DISQUALIFICATIONS / CRIMINAL CONVICTIONS

I am not subject to any of the disqualifications set out in section 17 of the Protection of Children (Scotland) Act 2003

Agree ☐

Disagree* ☐

Have you ever been convicted of a criminal offence (Declaration subject to the Rehabilitation of Offenders Act 1974)

Yes* ☐

No ☐

*If you have ticked either of these options please request a self-declaration form.

DRIVING LICENCE

Some of our positions may require driving to other destinations or driving specialised equipment.

Do you hold a current driving licence?

Yes ☐

No ☐

Do you hold any other licence? (e.g. Forklift, heavy goods etc)

Yes ☐

No ☐

If yes, which licence?

WORKING IN THE UK

All successful candidates will be required to supply a form of Identification listed under the Asylum & Immigration Act 1996 before employment commences i.e. Passport, Birth Certificate etc. Full details will be supplied prior to interview.

Do you require a work permit to work in the UK?

Yes ☐

No ☐

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from volunteering or may render me liable to summary dismissal.

I understand these details will be held in confidence by Glasgow Science Centre, for the purposes of assessing this application, ongoing volunteer administration in compliance with the Data Protection Act 1998.

Please note that in submitting this form you have accepted these terms and agree to this declaration.

Signature

Date

Please return completed application forms by the advertised closing date to:

Human Resources, Glasgow Science Centre, 50 Pacific Quay, Glasgow, G51 1EA

Please ensure your return your application with the relevant postage paid

Additional contact can be made on **0141 420 5010** or volunteers@glasgowsciencecentre.org

To avoid delays, ensure your application and equal opportunities form is completed fully and a covering letter is attached. A CV may be added in addition to your application.

Equal Opportunities Monitoring Form


At GSC we are committed to providing a working environment in which employees are all equally able to realise their full potential and to contribute towards its success.

This is a key employment value to which all employees are expected to give their support. We aim to ensure that no employee or job applicant is discriminated against, either directly or indirectly, on the grounds of sex, sexual orientation, race, age, colour, national origin, ethnic or racial origins, religious beliefs, marital status, physical or mental disability (in such cases where disabled people meet minimum job requirements), pregnancy or parenthood ("sex, race, marital status etc").

Please complete this questionnaire in full.

The following information will be used for the purposes of equal opportunities monitoring only.

All responses will be treated as strictly confidential.

Name		Position applied for	
ETHNIC ORIGIN Please tick appropriate box to indicate your ethnic origin			
White			
Scottish <input type="checkbox"/>	Other British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background (Please specify)
Asian, Asian Scottish or Asian British			
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>
Any other Asian background (Please specify)			
Black, Black Scottish or Black British			
Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background (Please specify)	
Mixed		Other ethnic group	
Any Mixed background (Please specify)		Any other ethnic group (Please specify)	
<input type="text"/>		<input type="text"/>	
DISABILITY			
Do you consider yourself to have a health issue or a disability?		Yes* <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
*If yes, which of the following descriptions best describes your disability? (Please tick)			
Manual dexterity or co-ordination <input type="checkbox"/>	Speech <input type="checkbox"/>	Hearing <input type="checkbox"/>	
Learning difficulties <input type="checkbox"/>	Mobility <input type="checkbox"/>	Mental health <input type="checkbox"/>	
Visual (not corrected by wearing glasses or contact lenses) <input type="checkbox"/>	Other (please specify) <input type="text"/>		
There's more 			

RELIGION What religion, religious denomination or body do you belong to? (Please tick appropriate box)

None	<input type="checkbox"/>	Church of Scotland	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Other Christian (Please specify)			
Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Another religion (Please specify)									

SEXUAL ORIENTATION

Do you consider yourself to be?	Heterosexual	<input type="checkbox"/>	Homosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
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OTHER INFORMATION

Do you have a partner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you?	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of birth				

Thank you for taking the time to complete this form.