



Application to become a Pharmacist Support volunteer

Please read the accompanying information before completing this form.
Please feel free to continue answers to any question on a separate sheet if necessary.

1. **Name:** Mr/Ms/other (please state): _____

2. **Address:** _____

Postcode: _____

3. **Date of birth:** _____

4. **Telephone:** _____

5. **Email :** _____

6. **Registration number:** _____

7. **Employment History:**

8. **Which volunteering role are you interested in?**

Home Visitor

Listening Friend

9. **Describe any skills you have that would be useful for the role you wish to do.**

10. **Is there anything you have done over the past few years that you would like to tell us about?**

11. Why do you want to volunteer for this position?

What do you hope to get from the experience?

12. Is there anything else you would like to say about yourself?

13. References

Please give the names and addresses of two people, other than your family, who can tell us about you – for example, an employer, teacher or someone who knows you well.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Tel No: _____

Tel No: _____

14. Please tell us about any specific needs you would like us to take into account.

For example: mobility, childcare responsibilities. This information will be treated as strictly confidential.

Signed _____ Date _____

Please return this form to:

info@pharmacistsupport.org

Or post to:

**Pharmacist Support,
3rd Floor,
The Pinnacle,
73 - 79 King Street,
Manchester
M2 4NG**

Criminal Record Bureau (CRB) checks

Successful applicants will have to complete a CRB application form.

Data protection information

Information will be handled in line with the Data Protection Act 1988. It will be held securely, used only for statistical purposes and destroyed when no longer needed. It will only be given to third parties when it is legal to do so.



Monitoring information

CONFIDENTIAL

This information has no bearing on any decisions taken, but it is important as a means of ensuring the operation of equal opportunities policies. Please complete the following and return with your application.

Gender: Male/Female (delete as appropriate)

Age:.....Years

Ethnicity: (based on UK census questions)

Please tick one of the boxes to indicate your ethnic origin.

White – British	
White – Irish	
White – Scottish	
White – Welsh	
Other White background	
Black or Black British – Caribbean	
Black or Black British – African	
Other Black background	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	
Other Asian background	
Chinese	
Mixed – White and Black	
Mixed – White and Asian	
Other Mixed background	
Other Ethnic background – please write in.....	

Nationality (Please specify):

Disability: Do you consider yourself to have any kind of disability? Yes / No (please circle)
(The Disability Discrimination Act (1995) defines disability as any physical or mental impairment which has a substantial and long-term (more than 12 months) adverse effect on a person’s ability to carry out normal day-to-day activities.)

If yes, please tick which category you think best describes your disability:

Blind or partially sighted	
Deaf or hearing impairment	
Wheelchair user/other mobility difficulties	
Personal care support	
Mental health disability	
Any unseen disability: e.g. diabetes, asthma	
Multiple disabilities	
Other disability, please specify:	