



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	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
White – Scottish	<input type="checkbox"/>
White – Welsh	<input type="checkbox"/>
Other White background	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Mixed – White and Black	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>
Other Ethnic background – please write in.....	<input type="checkbox"/>

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	<input type="checkbox"/>
Deaf or hearing impairment	<input type="checkbox"/>
Wheelchair user/other mobility difficulties	<input type="checkbox"/>
Personal care support	<input type="checkbox"/>
Mental health disability	<input type="checkbox"/>
Any unseen disability: e.g. diabetes, asthma	<input type="checkbox"/>
Multiple disabilities	<input type="checkbox"/>
Other disability, please specify:	<input type="checkbox"/>