[healthwatch](http://www.healthwatchredbridge.co.uk/)

**Volunteer Application Form**

**Role: Women's Health Project Information Session and Interview volunteer**

**Personal Details**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Address |  |
| Mobile/land line  number |  |
| Email address |  |

**Please explain why you are interested in volunteering for Healthwatch Redbridge.**

**When are you normally available to volunteer?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |

**Do you have any access requirements or support needs that you would like us to be aware of?**

Please provide details about any support you may need to enable you to volunteer. For example, communication needs, disability, health issues.

**Skills, Knowledge and Experience**

Please use this space to demonstrate clearly, with examples, how your skills, knowledge and experience support your application.

**Is there any additional information you would like to provide?**

Please tell us any further information you would like to share to support your application or that you think we should be aware of. For example, languages spoken.

**Referees**

Please provide the names and contact details of two referees who will vouch for your identity and confirm your suitability for carrying out the duties involved. The referees must have known you for at least one year and cannot be a member of your family.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Organisation (if relevant) |  | Organisation (if relevant) |  |
| Address |  | Address |  |
| Email address |  | Email address |  |
| Telephone |  | Telephone |  |
| Relationship to you |  | Relationship to you |  |

**Volunteer Declaration**

**I confirm that the information I have given above is accurate.**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

**Please return the completed application addressed to:**

**Freepost RTEK-HYXH-RLZT – (you do not need a stamp)**

**Miranda Peers**

**Healthwatch Redbridge**

**103 Cranbrook Road,**

**Ilford, IG1 4PU**

**Or email the completed application to:**

[**miranda@healthwatchredbridge.co.uk**](mailto:miranda@healthwatchredbridge.co.uk)