

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.

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 PLEASE LIST ALL SECONDARY EDUCATION, LEVELS GRADES AND THE DATE THEY WERE ACHIEVED.							
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
REASONS 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		
REASONS FOR LEAVING			REFEREE NAME	
COMPANY NAME				
COMPANY ADDRESS				
POSITION TITLE			SALARY (IF APPLICABLE)	
DUTIES / RESPONSIBILITIES (PLEASE LIST)				
START DATE		END DATE		
REASONS FOR LEAVING			REFEREE NAME	



WHY DO 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.

CRIMINAL CONVICTIONS

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.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? (DECLARATION SUBJECT TO THE REHABILITATION OF OFFENDERS ACT 1974)	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
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*IF YOU HAVE TICKED YES, YOU MAY BE ASKED TO COMPLETE A SELF-DECLARATION FORM, DEPENDING ON THE POSITION BEING APPLIED FOR.

DRIVING LICENCE

SOME OF OUR POSITIONS MAY REQUIRE DRIVING TO OTHER DESTINATIONS OR DRIVING SPECIALISED EQUIPMENT.

DO YOU HOLD A CURRENT DRIVING LICENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HOLD ANY OTHER LICENCE? (E.G. FORKLIFT, HEAVY GOODS ETC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHICH LICENCE?		

WORKING IN THE UK

ALL SUCCESSFUL CANDIDATES WILL BE REQUIRED TO SUPPLY A FORM OF IDENTIFICATION LISTED UNDER THE ASYLUM & NATIONALITY ACT 2006 BEFORE EMPLOYMENT COMMENCES I.E. PASSPORT OR BIRTH CERTIFICATE WITH NI CARD ETC.

DO YOU HAVE THE RIGHT TO WORK IN THE UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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POSITIVE ABOUT DISABILITY

ARE YOU APPLYING THROUGH THE "POSITIVE ABOUT DISABLED PEOPLE" SCHEME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE ANY SPECIFIC REQUIREMENTS FOR INTERVIEW?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 EMPLOYMENT.

I UNDERSTAND THESE DETAILS WILL BE HELD IN CONFIDENCE BY GLASGOW SCIENCE CENTRE, FOR THE PURPOSES OF ASSESSING THIS APPLICATION, ONGOING PERSONNEL ADMINISTRATION AND PAYROLL ADMINISTRATION (WHERE APPLICABLE) 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	
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PLEASE RETURN COMPLETED APPLICATION FORMS BY THE ADVERTISED CLOSING DATE TO:

HUMAN.RESOURCES@GLASGOWSCIENCECENTRE.ORG OR POST TO
HUMAN RESOURCES, GLASGOW SCIENCE CENTRE, 50 PACIFIC QUAY, GLASGOW, G51 1EA
 PLEASE ENSURE YOU RETURN YOUR APPLICATION WITH THE RELEVANT POSTAGE PAID.

TO AVOID DELAYS, ENSURE YOUR APPLICATION AND EQUAL OPPORTUNITIES FORM IS COMPLETED FULLY. A CV MAY BE ADDED IN ADDITION TO YOUR APPLICATION.

