

Helpline: (020) 8478 3400
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enquiries@anxietycare.org.uk

Anxiety Care

"Helping People to Help Themselves"

Registered Charity Number: 1058267

Office: Cardinal Heenan Centre
326 High Road
Ilford, Essex
IG1 1QP

Tel: (020) 8262 8891

VOLUNTEER APPLICATION FORM

FULL NAME.....
ADDRESS.....
PHONE NO. HOME.....WORK.....
EMAIL ADDRESS:

Date of Birth.....Nationality.....
Other languages spoken.....

Present or previous occupation

Any experience of voluntary work or counselling?

Why would you like to join Anxiety Care and what do you feel you can offer?

How did you hear about Anxiety Care?

Name and addresses of 2 referees (not related to you)

1)	2)
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Criminal Convictions and Cautions / Rehabilitation of Offenders Act 1974

If you have any unspent criminal convictions as defined in the Rehabilitation of Offenders Act 1974 or any criminal proceedings pending against you, please give full details on a separate sheet of paper. This should be enclosed in an envelope "**Private and Confidential**" which will only be opened if you become a volunteer with Anxiety Care, otherwise it will be destroyed. The post you are applying for is exempt from the Rehabilitation of Offenders Act 1974 and requires an Enhanced Disclosure, you will be asked to disclose all convictions (whether spent or unspent), cautions, reprimands and final warnings on your criminal record if you work with Anxiety Care.