**Cruse Bereavement Care Scotland**

**APPLICATION FORM**

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| 1. **PERSONAL DETAILS**
 |
| **Name:** |  |
| **Address:** |  |
| **Phone No(s):** |  |
| **Email:** |  |

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| 1. **WHAT SKILLS? QUALITIES? EXPERIENCE COULD YOU BRING TO CRUSE SCOTLAND?**
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| **Please specify any relevant courses:** |
| **Title of course****Organisation/Training Provider** | **Length of course****e.g. no of days /** **hours / years** | **Grade/Level****e.g. Certificate, HNC, Diploma** | **Date of Award** | **Date Completed** |
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| 1. **REFERENCES**

Please give the names and addresses of two people who have known you for several years and are willing to act as referees. These should NOT be relatives or friends. |
|  | **Referee 1** | **Referee 2** |
| **Name:** |  |  |
| **Relationship to you:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Tel No(s):** |  |  |
| **Email Address:** |  |  |

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| 1. **HOW DID YOU HEAR ABOUT THIS?**

It is helpful for us to learn how people find out about our volunteering opportunities |
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**PVG CHECK**

It is a legal requirement that all volunteers and staff working with vulnerable groups are PVG (Protecting of Vulnerable Groups) checked.

**All external applicants should be aware of the process as integral to recruitment.**

Signed: ………………………………………………….. Date: ……………………………………

**Thank you for completing this form. Please return it to:**

email: wendy.diack@crusescotland.org.uk

Post: Cruse Bereavement Care Scotland HQ

29 Barossa Place, Perth, PH1 5HH