



Education Volunteering at Embercombe *Application Form*

Date of application:	
Name:	
Gender:	
Nationality	
DOB	
Address:	
Phone:	
E-mail:	
What draws you to apply to work with the Embercombe Education Team?	
Please tell us about any skills or experience you have that make you suitable for this role?	
What would you hope to gain from 6 months as an education volunteer?	
Anything else you would like to tell us?	

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Health: Please tell us about any *health or mental health conditions you have. Please include information about any allergies and essential medication you are taking or may need in an emergency.*

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How did you hear about Embercombe?

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Do you have a current DBS check
YES/ NO
If yes please bring with you if successful.

If you have a current CV please send it to us!

REFERENCES

As part of our safe recruitment process we require you to provide the name and contact number of two referees.

Person 1

NAME: _____

PHONE: _____

EMAIL: _____

Capacity they know you in _____

How long have they known you? _____

Person 2

NAME: _____

PHONE: _____

EMAIL: _____

Capacity they know you in _____

How long have they known you? _____

Please email the completed form to Katie@embercombe.co.uk