



Volunteer Application Form for _____

Acupuncture in Action - World Medicine is a registered UK charity providing acupuncture to people around the world suffering the effects of trauma, disaster and poverty, where it is most needed regardless of race, religion, politics or gender of the recipients, in order to strengthen and support local communities.

World Medicine would not exist without the efforts and generosity of our volunteers. We recognise that they are essential to our continued success and are grateful for their continued support and contribution. Thank you for taking the time to complete this application.

**Role/Project/Destination(s)
you would like to volunteer at:**

**Have you worked for or
volunteered for World
Medicine before?**

Yes

From

To

No

**Are you free to start voluntary work at this destination
with no current immigration restrictions?**

Yes

No

**What is your area of expertise? (eg acupuncture, translator, admin, PR,
fundraising)**

Please list membership of any relevant professional bodies:



Section 1: Personal details

Last Name:

First Name:

Date of Birth:

Gender:

Male _____ Female _____

Other _____

Address:

Postcode:

Home Telephone N°:

Daytime Tel N°:

Mob Tel N°:

E-mail address:

Section 2: Current Employment and/or Relevant Volunteer Experience

Present Employment (If you are not currently employed please give details of your last employer or other relevant volunteer experience)

Name of organisation:

Address:

Postcode:

Role Title:

Start date:

Leaving date (if applicable):

Brief description of duties or volunteer experience:

Section 3. Training and Qualifications (that you feel is relevant to the application)

Establishment	Qualification / Course title	Grade & date obtained

Section 4: Personal and Supporting Statement

Please use this section to briefly outline why you would like to volunteer with World Medicine and what your expectations are for the experience. If you are or have been involved in voluntary/unpaid activities, please also include this information (max 250 words).

Continue on a separate sheet if necessary

Section 5: Protecting Children and Vulnerable Adults

Rehabilitation of Offenders Act (1974) Declaration of convictions

1. Have you had a DBS (CRB)* check in the past 12 months? Yes No

2. Have you ever been convicted of a criminal offence, received a formal caution, been bound over, or received a conditional discharge? Yes No

3. Are you aware of any police enquiries undertaken, following allegations made against you, which may have a bearing on your suitability for this post? Yes No

If yes, to question 1, please give date and other relevant information.

If yes, to either of questions 2 or 3 above, please give details / dates of offence(s) and sentence, (continue on a separate sheet if necessary):

**We may be required by law to undertake a DBS (or equivalent to your country of residence) check if you do not have a current one available.*

Section 6: Health

I confirm that to the best of my knowledge, there is no reason in respect of my physical or mental health why I should not be able to carry out the tasks described for this placement.

Yes No

Section 7: Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. **Please note** in some countries and conditions in which we work we cannot make the same guarantees of access and support. If you have any concerns or would like to talk to us further, please contact us.

Do you have a disability relevant to your application? Yes No

If yes, please give details:

Do we need to make any specific arrangements in order for you to attend an interview?

Yes No

If yes, please give details:

Section 8: References

Please give the names and addresses of two people who are willing to provide employment (1) and character (2) references for you.

Reference 1 - Employment

Name:

Organisation:

Position:

Address:

Post Code:

Tel N°:

E-mail:

Reference 2 - Character

Name:

Relationship:

Address:

Post Code:

Tel N°:

E-mail:

Section 9: Declaration

I declare that to the best of my knowledge and belief the above information is true.

(Please note, should any answers to the questions on this application form be found to be false, or should there be any wilful omission, or suppression of any material fact, your application may be disqualified or, if appointed as a volunteer, may lead to no further involvement with World Medicine.)

Signed:

Date:

Section 10: Volunteer Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. World Medicine will retain it strictly for monitoring purposes only.

Please complete a) or b):

a) To help us ensure that our Equal Opportunities Policy is fully and fairly implemented, please complete this section of the application form.

Marital Status: Place of Birth:

Ethnic Group (please tick): Nationality:

A (White)	British	<input type="checkbox"/>	C (Asian or Asian British)	Bangladeshi	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		Indian	<input type="checkbox"/>
	Other White	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>
B (Mixed)	White & Asian	<input type="checkbox"/>	D (Black or Black British)	Other Asian	<input type="checkbox"/>
	White & Black Caribbean	<input type="checkbox"/>		African	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>
Other Mixed		<input type="checkbox"/>	E	Other Black	<input type="checkbox"/>
Other (please specify)		<input type="text"/>		Chinese	<input type="checkbox"/>

b) I do not wish to provide this information

RETURNING THIS FORM

BY EMAIL: info@worldmedicine.org.uk

World Medicine Charitable Trust undertakes that it will treat any personal information (that is Data from which you can be identified, such as your name, address, email address etc) that you provide us with, or that we obtain from you, in accordance with the requirements of the Data Protection Acts of 2018 and 2021.

If you are returning this form by email, you will be asked to sign your application at interview.

World Medicine Charitable Trust is a UK Charity no 1120821
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