

General:

First Names:	Surname:
Address:	Date of Birth:
Tel no:	Mob no:
Email:	

Educational Background:

Although there are no qualification requirements for our overseas positions it is useful to us to have a general overview of your educational background (formal or informal).

Name of educational facility	Type of qualification	Title of qualification	Grade	Year gained/ expected to be gained

Work, Life and Voluntary experience: Please indicate in the area below your work, life or voluntary experience to date. (max. 200 words) Why are you interested in the position? Please indicate below why you are interested in the vacancy with WEast Chernobyl (max. 200 words)

	What do you hope to achieve from your volunteering experience?	
Additional Information:		
Please use this area to tell us any 200 words)	y additional information you feel is relevant (max.	
need to be aware of? (Ticking yes does not disqualify a volunt)	dical conditions or special requirements that we seer from applying but rather help us to find a suitable agreement and help minimise risks. Volunteers travelling to r medical disclosure form.)	
need to be aware of? (Ticking yes does not disqualify a volunt volunteer placement based on mutual a	eer from applying but rather help us to find a suitable agreement and help minimise risks. Volunteers travelling to	
need to be aware of? (Ticking yes does not disqualify a volunt volunteer placement based on mutual a Belarus will be required to complete our	eer from applying but rather help us to find a suitable agreement and help minimise risks. Volunteers travelling to r medical disclosure form.)	
need to be aware of? (Ticking yes does not disqualify a volunt volunteer placement based on mutual a Belarus will be required to complete our	eer from applying but rather help us to find a suitable agreement and help minimise risks. Volunteers travelling to r medical disclosure form.)	
need to be aware of? (Ticking yes does not disqualify a volunt volunteer placement based on mutual a	eer from applying but rather help us to find a suitable agreement and help minimise risks. Volunteers travelling to r medical disclosure form.) Yes No	

References:

Please provide us with 2 character or employment references

Name:	
Address:	
Telephone no.:	
Email:	
Relationship to you:	
Name:	
Address:	
Telephone no.:	
Email:	
Relationship to you:	
Please note	
	East Chernobyl; submission of this form does not guarantee a
voluntary position within VVEast L	Chernobyl or a place on one of our overseas programmes.
Vetting	
•	M/Feet Champhalla words in Delawar was record and we all the
participating on our volunteering	WEast Chernobyl's work in Belarus we must ensure that all those programme are capable of doing so. Therefore vetting is required
for all our overseas volunteers.	
Declaration	
	en both on this application form and the attached equal
information, or omissions of infor	true and correct. I understand that any false or misleading mation may disqualify my application or may render my voluntary
position liable to termination, who	ether in Belarus or Northern Ireland.
Signed:	Date:

Data Protection Act 1998

WEast Chernobyl will only process the information you have provided in this form for the purposes of voluntary recruitment, selection and if you are successful for purposes related to your voluntary role.

Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud.



Equal Opportunities Form

WEast Chernobyl operates a policy of equal and fair treatment in the recruitment of volunteers.

We aim to ensure that all volunteering opportunities are treated fairly regardless of sex, marital status, political opinions, race, colour, ethnic or national origin, sexual orientation, disability or religion.

Gender:				
□Male [□Female	□Prefer not to say		
Do you conside	er yourself to	o have a disability?		
The Disability Discrimination Act (DDA) defines a person with disabilities as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. After reading this description, do you consider yourself to have a disability?				
☐ Yes	□ No	ט		
Please select your current age group?				
☐ Under 18	□ 18	3 - 24		
□ 25 - 34	□ 34	1- 50		
□ 50-65	□ 65	<u>5</u> +		
Do you have any dependants?				
☐ Yes	□ No	3		

What is your ethnic identit	y?	
☐ Asian or Asian British	☐ Roma and Travellers	
☐ Black or Black British	☐ White	
☐ Dual Heritage	☐ Other (please specify)	
What is your nationality?		
	itish ner (please specify)	
Community Background		
	eatment (NI) Order 1998 and the Fair Employment re us to monitor the community background of	
Please select from the follow	ving:	
☐ I am a member of the	e Protestant Community	
☐ I am a member of the	I am a member of the Catholic Community	
☐ I am neither a memb	er of the Catholic or Protestant Community	

Please return this equal opportunities form with your volunteer application. This can be done:

By post to: Mr Brian Fitzpatrick, WEast Chernobyl Chairperson, 2 Hawthorn Villas, Barley Lane, Newry, BT34 2AD
By email to: Maria Breen at weastchernobyl@gmail.com
Or in person at any of our volunteering events