**U.Dance National Festival – Volunteer Application Form**

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| Name: |  | | |
| Telephone: |  | D.O.B |  |
| Address: |  | | |
|  | | |
|  |  | Postcode |  |
| Email: |  | | |

|  |  |
| --- | --- |
| **Skills & Interests** | |
| Educational Background: |  |
| Current Occupation/Studies: |  |
| Hobbies, Skills and Interests: |  |
| Knowledge of DanceEast’s activities: |  |
| Knowledge of Ipswich area: |  |
| Previous Volunteer Experience: |  |

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| **DBS checks and Chaperone’s Licences** | | |
| One Dance UK will be coordinating volunteers throughout the festival. One Dance UK have stipulated that volunteers should be DBS checked within the last three years. It will also be helpful if volunteers hold a current chaperone’s licence, issued by Suffolk County Council or another relevant local authority. | | |
|  | Yes | No |
| DBS enhanced disclosure: |  |  |
| If yes, please give DBS number: |  | |
| SCC Chaperone’s Licence: |  |  |
| If yes, please give licence number and expiry date: |  |  |

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| **Availability** - At what times are you able to volunteer? Please tick all that apply. | | | |
| Friday 13 July, 14:00 – 21:30 |  | Saturday 14 July, 09:00 – 13:00 |  |
| Saturday 14 July, 09:00 -15:00 |  | Saturday 14 July, 14:00 -19:30 |  |
| Sunday 15 July, 09:00 – 13:00 |  | Sunday, 09:00 – 15:30 |  |

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| **References** - How did you hear about volunteering opportunities at DanceEast? | | | |
| DanceEast website |  | Advertisement |  |
| Referred by a volunteer |  | Referred by a friend |  |
| Volunteer Centre |  | Other (please state below): |  |
|  | | | |

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| Name and phone number of two personal referees: | | | |
| Name: |  | Phone: |  |
| Name: |  | Phone: |  |

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| Equal opportunities: DanceEast is an Equal Opportunities organisation. This means DanceEast will ensure all volunteers receive equal treatment, irrespective of their gender; sexual orientation, marital status, race, age or disability. | | | |
|  | | Yes | No |
| Do you have any access requirements or long-term health conditions that DanceEast and One Dance UK can help with, e.g. by providing reasonable adjustments? | |  |  |
| If yes, please give details. |  | | |

PLEASE COMPLETE THE EQUAL OPPOURTUNITIES FORM AND RETURN WITH YOUR APPLICATION.

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| **EQUAL OPPORTUNITIES**  DanceEast is an Equal Opportunities organisation. This means DanceEast will ensure all applicants receive equal treatment, irrespective of their sex; sexual orientation, marital status, race, age or disability. Once received it will be separated from your application and remain anonymous.  To ensure the effectiveness of the policy and to assist in its development, DanceEast monitors all applications. You are requested to complete the section below, which will be treated as confidential and used for statistical purposes only.  **Please tick the appropriate boxes:**  **Gender Male  Female  Prefer not to say  Date of Birth:** | | | | | | |
| **Ethnic Origin:** I would describe my ethnic origin as: | | | | | | |
| **White** | British |  | Irish |  | European |  |
| **Mixed** | White & Black Caribbean |  | White & Black African |  | White & Asian |  |
|  | Any Other Mixed Background | | |  |  |  |
| **Asian or Asian British** | Indian |  | Pakistani |  | Bangladeshi |  |
|  | Any Other Asian Background | | |  |  |  |
| **Black or Black British** | Caribbean |  | African |  |  |  |
|  | Any Other Black Background | | |  |  |  |
| **Chinese or**  **Other Ethnic Group** | Chinese |  | Any Other Ethnic Group  Please specify ……………………………………………. | | |  |
| **Prefer not to disclose** |  |  |  | | |  |

**Disability:**

Under the Equality Act 2010*,* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes:  No:  Prefer not to say: 

If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxesbelow:

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):