st michael's hospice

LOTTERY COLLECTOR / REPRESENTATIVE APPLICATION FORM

Surname:	Title: Mr/Mrs/Miss/Ms/Other
Forenames:	
Address: Postcode:	
Telephone Home:	Mobile:
Email Address:	
Are you a car owner? Yes/No Driving licence number: Do you have a clean licence? Yes/No If no please give details:	
Do you have any problems with your health? Yes/No (This information will be kept in confidence, it won't prevent you from being a Lottery Collector / Representative – however this role requires you to have a certain level of mobility which will be discussed at interview) If yes please give details:	

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About you

Please use this space to tell us about any work, volunteering experience or specific skills you have and why you are interested in joining the St Michael's Hospice Lottery team.

References

Please provide the names and addresses of two people (not related to you) known to you for over two years as referees

Mr/Mrs/Miss/Ms/Other:	Mr/Mrs/Miss/Ms/Other:
Name:	Name:
Address: Post Code:	Address: Post Code:
Relationship to you:	Relationship to you:

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DATA PROTECTION ACT

If you are selected as a Lottery Collector / Representative the information you have provided on this form will become part of your record. Your personal details will be treated as confidential and kept for no longer than is necessary. It will not be disclosed to any other organisation.

Please return this form to:

Tia Kemp, Lottery Initiatives Coordinator,
St Michaels Hospice, Upper Maze Hill,
St Leonards on Sea, East Sussex, TN38 0LB.

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CONFIDENTIAL: DIVERSITY AND EQUALITY MONITORING FORM

St Michael's Hospice operates an equalities and diversity policy and wants to ensure that all volunteers are recruited, trained and promoted on the basis of their ability, the requirements of the job and the need to maintain a highly effective and efficient service for patients. To ensure our policy is effective, we ask all volunteers and staff to complete the following section so we can monitor the diversity of our recruitment process. The information gathered will enable us to analyse how effectively we publicise our volunteering opportunities to different groups of people.

This information will be treated as confidential and will not form part of the selection criteria for the position. However if you would rather not take part in this monitoring process please tick ☐.

Name _____(Please print)

Please indicate by ticking the appropriate category

Gender			
Male		Female	

Ethnicity			
White (British)		Chinese	
White (Irish)		Indian	
White (Other)		Pakistani	
White & Black Caribbean		Any other Asian	
White & Black African		Any other Black	
White & Asian		Any other Mixed	
African		Other ethnic group	
Bangladeshi		Not stated	
Caribbean			

What is your age group?			
Under 18 years		51-60 years	
18 – 30 years		61-70 years	
31-40 years		Over 70 years	
41-50 years			

Disability			
Physical impairment		Mental impairment	
Sensory impairment – hearing / sight		None	
If you require any reasonable adjustments or special assistance at interview stage please give details below:			

Thank you for taking the time to complete this form