

## Application form

Community and Bilingual Stop Smoking Service

Smoking Cessation Community Champion Volunteer

### 1. About you

First Name:		Family Name:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Address:			
Town/City:		Post Code:	
Home Phone:		Work Phone:	
Mobile:		Email:	

### 2. About your availability

a) Please tell us which days you are available to volunteer each week.

b) Please tell us if you are unavailable for any extended period of time in the next six months, and if so, when.

c) Please specify if you are available for two half days training within the next few months?

D) Do you speak any additional languages? Please rate each aspect on a scale of 1 to 5 where 1 means 'not very confident' and 5 means 'very confident'.

Language	Spoken	Reading	Writing



# Equal Opportunities Monitoring Form

In accordance with its Equality and Diversity Policy, Shoreditch Trust recognises and actively promotes the benefits of a diverse workforce and is committed to relating all employees with dignity and respect regardless of race, colour, nationality, national origin, ethnic origin, marital status, sexual orientation, gender, disability, religion or age.

In order for the company to ensure compliance with its equal opportunities policy statement, a system of monitoring has been set up. As part of this process we ask if you can complete this Equal Opportunities Monitoring Form. You may, of course, decide not to answer one or any of these questions, but if you do respond, all information provided will be treated in the strictest confidence. These sheets will be detached from your application and will be used solely for monitoring purposes.

Thank you for your assistance in completing this form.

*Under the Data Protection Act 1998, completion of this form provides consent to the Shoreditch Trust in processing the data supplied on this form for the purposes of equal opportunities monitoring.*

GENDER			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
<i>If you are undergoing the process of gender reassignment, please state your future gender.</i>			
MARITAL STATUS			
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
AGE BAND			
Under 18 <input type="checkbox"/>	18–29 <input type="checkbox"/>	30–39 <input type="checkbox"/>	40–49 <input type="checkbox"/>
50–59 <input type="checkbox"/>	60–65 <input type="checkbox"/>	Over 65 <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
SEXUAL ORIENTATION			
Heterosexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Transsexual <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>			
DISABILITY			
Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995? "a person has a disability...if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities."			
None <input type="checkbox"/>	Physical disability <input type="checkbox"/>	Mental disability <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
If yes, please state the nature of this disability:			
RACE/NATIONALITY/ETHNIC ORIGIN			
White	English <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>
	Irish <input type="checkbox"/>	Other white background <input type="checkbox"/> (please specify) .....	
Mixed	White and Black Caribbean <input type="checkbox"/>		White and Black African <input type="checkbox"/>
	White and Black British <input type="checkbox"/>		White and Asian <input type="checkbox"/>
	Other mixed background <input type="checkbox"/> (please specify) .....		
Asian	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	British <input type="checkbox"/> Other Asian background <input type="checkbox"/> (please specify) .....		
Black	Black Caribbean <input type="checkbox"/>		Black African <input type="checkbox"/>
	Black British <input type="checkbox"/>		Other Black background <input type="checkbox"/> (please specify) .....
Chinese <input type="checkbox"/>			
Other ethnic group <input type="checkbox"/>			
Prefer not to say <input type="checkbox"/>			
RELIGION			
Buddhist <input type="checkbox"/>	Catholic <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Rastafarian <input type="checkbox"/>	Sikh <input type="checkbox"/>
None <input type="checkbox"/>	Other <input type="checkbox"/> (please specify) .....		Prefer not to say <input type="checkbox"/>