

**Application to join Birth Companions as a Volunteer.**

**Closing date for applications:** 5:00 PM on Monday 5th May 2025

**Please return this form to:** [volunteering@birthcompanions.org.uk](mailto:volunteering@birthcompanions.org.uk)

**Interview dates**: Candidates should expect to hear if they have been selected for an interview by **mid-May**. Interviews will be conducted via Teams video call **during May and June.** You will be asked on this application about your preferred dates for an online interview.

Volunteering roles are only open to **female applicants** as this is deemed a Genuine Occupational Requirement (GOR) for the role under Schedule 9, Paragraph 1 of the Equality Act 2010.

We welcome applications from people with disabilities. If you require adjustments during the application process or are shortlisted, and have any particular access or other requirements, please contact **Anna Wise on 07786133636**, who will be pleased to discuss this with you.

**Please complete all questions as fully as possible.**

**We can only shortlist you based on the information you provide on this form.**

**Please do not submit any other documents or CVs – any information submitted that is not part of this application form will not be taken into consideration during shortlisting.**

Applications must be submitted using the application form supplied by Birth Companions and submitted as a **Microsoft WORD** document sent as an email attachment.

Please do not submit PDF documents, or any other document format.

If you are unable to submit your application as a Word document via email please contact us in plenty of time before the closing date so that we can ensure that your application is submitted by another method and received on time and in the correct format.

1. **Have you read the Recruitment Pack – please confirm** Yes / No
2. **Personal Details**

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| --- | --- | --- | --- | --- |
| Title (please delete as appropriate) | Mrs / Ms / Miss / Other | | | |
| First Name/s |  | Surname |  | |
| Preferred pronouns |  | | | |
| Home Address |  | | | |
|  | | Postcode |  | |
| Email Address |  | | | |
| *Please provide the following contact numbers on which we may contact you with discretion* | | | | |
| Mobile Telephone |  | Home Telephone | |  |

1. **References**

Please provide the names of two people who are willing to provide you with a reference.

At least one must be from work, volunteering or training.

We cannot accept a reference from family. If we are unable to get both your references in good time, we will not be able to consider your application so please ensure that anyone you are putting forward as a referee is aware that we will be contacting them and will be able to provide us with a written reference.

|  |  |
| --- | --- |
| Name:  Email address:  Telephone:  Relationship to you: | Name:  Email address:  Telephone:  Relationship to you: |

If you are invited for interview, we will take up your references before the interview commences. Please indicate below if there is any reason, we should not contact your references without checking with you first.

1. **Relevant Employment and Volunteering History**

Please give details of any employment history that you believe to be relevant to your application starting with the most recent.

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| **Dates From/To** | **Employer or Organisation Name** | **Position held,**  **brief description of**  **duties** | **Reason for Leaving** |
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1. **Other relevant work/experience/training including language skills**

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| --- | --- |
| **Date/s:** | **Nature of Activity:** |
|  |  |

1. **Your skills, qualities and experience**

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| Your responses in this section will be used for anonymized scoring and shortlisting for interviews. To ensure a fair and comprehensive assessment, please provide detailed answers and address each criterion fully, using specific examples whenever possible.  Please include any lived experience you feel is relevant.  **Essential Skills and Qualities:**  Please tell us how you meet each of the essential skills and qualities listed below.  Please include any lived experience |
| 1. **Strong empathy and a non-judgmental approach:** |
| 1. **Excellent communication and listening Skills:** |
| 1. **Ability to work effectively as part of a team:** |
| 1. **Cultural sensitivity and respect for diversity:** |
| 1. **Commitment to empowering women and respecting their choices:** |
| 1. **Willingness to commit to training and volunteering:** |
| **Desirable Skills and Experience:**  Please indicate if you possess any of the following desirable skills or experience and briefly explain how you have developed or practiced them.  While these skills are valuable, they are not essential requirements. Please feel free to leave any sections blank if they do not apply to you. |
| 1. **Experience Supporting Women During Pregnancy, Birth, or Early Parenting:**   (if applicable) |
| 1. **Understanding of Trauma-Informed Working:**   (if applicable) |
| 1. **Experience Supporting Others in Complex Circumstances:**   (if applicable) |
| 1. **Training in Infant-Feeding Support or Antenatal Education:**   (if applicable) |
| 1. **Ability to Use Languages Other Than English:**   (if applicable) |

1. **Please tell us why would you like to volunteer for Birth Companions?**

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1. **What type of volunteering support at Birth Companions are you interested in doing, and why?**

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| These are the types of support volunteers can provide - see our Recruitment Pack for more details.   1. One to one perinatal support 2. Birth Support 3. Supporting and assisting at our mother and baby group 4. Birth line phoneholder |

1. **Preferred Online Interview dates**

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| To schedule your 30-minute online interview, please provide your **top three preferred dates and times** from the options listed below. To help us find the best fit, please indicate your preferences in order (1st, 2nd, and 3rd).  Please **delete** any dates and times from the list below that are completely unavailable for you. Only include your preferred options in your selections.  **Interview Date and Time Options:**  **Interview Date and Time Options:**   1. Monday, May 19th - Morning 2. Monday, May 19th - Afternoon 3. Wednesday, May 21st - Morning 4. Wednesday, May 21st – Afternoon 5. Wednesday May 28th Morning 6. Monday, June 2nd - Morning 7. Monday, June 2nd - Afternoon 8. Wednesday, June 4th - Morning 9. Wednesday, June 4th – Afternoon 10. Thursday, June 12th - Morning 11. Thursday June 12th – Afternoon   **Your Preferences:**   * **1st Preference:** * **2nd Preference:** * **3rd Preference:** |

1. **Is there anything else you would like to tell us about yourself or your experience to support your application?**

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1. **How did you hear about this volunteering opportunity?**

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1. **Declaration**

Please read the following declaration and sign it below.

I hereby certify that:

* I have read the accompanying notes and understand the expectations and commitment required for Birth Companions training and volunteering.
* All the information given by me on this form is correct to the best of my knowledge
* All questions relating to me have been accurately and fully answered
* I possess all the qualifications that I claim to hold
* I am aware that any false, incomplete or misleading statements may lead to dismissal.

**Signed: (typing your name is acceptable)**

**Date:**

*Birth Companions is committed to protecting your privacy and keeping any personal information you give us confidential. We only collect your personal details so that we can consider your application for volunteering with us and we will not use your personal information for any other reason. We will not pass on your information to anyone outside of Birth Companions unless legally required to do so. You can also see a copy of our Privacy policy on our website* [*www.birthcompanions.org.uk/privacy-policy*](http://www.birthcompanions.org.uk/privacy-policy)

***Please continue to next page and complete the Self Declaration Form***

**Self-Declaration Form**

Any information will be kept confidential and will be considered only in relation to the post you are applying for.

The role you have applied for involves regular contact with vulnerable adults and Children and any offer of volunteering will be subject to the completion of an Enhanced DBS (Disclosure and Barring Service) Check.

Failure to disclose any information relating to criminal convictions or cautions (or any alleged offences against you) may result in the withdrawal of an offer of a volunteering role or where volunteering has commenced, dismissal without notice.

You must also keep us informed of any subsequent convictions, cautions, reprimands or warnings.

(If you are unsure whether to disclose a conviction or caution, you should refer to the DBS guidance at [www.gov.uk/disclosure-barring-service](http://www.gov.uk/disclosure-barring-service)).

This monitoring form will be separated from the rest of the application form immediately on receipt and before the selection for interview takes place.

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| ***Name:*** | |  |
| Have you ever been known to any Children’s Services department as being a risk or potential risk to children? | YES / NO  *(if Yes, please provide further information below)* | |
| Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about  your behaviour towards children? | YES / NO  *(if Yes, please provide further information)* | |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended? | YES / NO  *(if Yes, please provide further information)* | |

**Privacy Notice**

Birth Companions is committed to protecting your privacy and keeping any personal information you give us confidential. We only collect your personal details so that we can process your application for a volunteering role at Birth Companions. We will not share the information provided by you on this application form with anyone outside of Birth Companions unless legally required or as is necessary for you to take up employment with us.

If you would like to know more about how we store your information please let us know and we will be happy to discuss this with you.

***Continue to next page***

**BIRTH COMPANIONS’ MONITORING FORM**

To ensure that Birth Companions provides an equal service and follows good practice, we monitor the characteristics of those who apply to work with us. These characteristics, listed below are protected in the Equality Act 2010. Birth Companions is committed to protecting your privacy and keeping any personal information you give us confidential. We only collect your personal details on this form so that we can produce statistics about our work which are required by our funders; we will not use the information on this form for any other reason. If you would like to know more about how we store your information, please let us know and we will be happy to discuss this with you.

**This form will be separated from your main application before being reviewed by our shortlisting panel, it will be stored anonymously**

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| 1. **What is your ethnic origin?** *Please note this is a standard list that we recognise is not exhaustive.* | | | |
| **Black British** |  | **White British** |  |
| **African** |  | **White Irish** |  |
| **Caribbean** |  | **White Eastern European** |  |
| **Other Black background – please specify** | | **Other White background please specify** | |
| **Asian British** |  | **White and Black Caribbean** |  |
| **Bangladeshi** |  | **White and Black African** |  |
| **Chinese** |  | **White and Asian** |  |
| **Indian** |  | **Any other mixed background** |  |
| **Pakistani** |  | **Prefer not to say** |  |
| **Other Asian background - please specify** | | **Other** *-* **please specify** | |

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| 1. **How old are you?** | | | | | | | | | |
| **18 and under** |  | **19 – 21** |  | **22 – 34** |  | **35 - 44** |  | **45 – 54** |  |
| **55 – 64** |  | **65 – 74** |  | **75 and over** |  | **Prefer not to say** | | |  |

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| 1. **Marriage and Civil Partnership:** | | | | | |
| **Married (Includes registered Civil Partnerships)** |  | **Not married (includes couples who live together)** |  | **Prefer not to say** |  |

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| 1. **Sexual orientation: Do you identify as:** | | | | | |
| **Gay or Lesbian** |  | **Straight** |  | **Bisexual** |  |
| **Other** |  | **Prefer not to say** | | |  |

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| 1. **Sex: Which of the following describes your sex at birth?** | | | | | |
| **Female** |  | **Male** |  | **Prefer not to say** |  |

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| 1. **Gender: Are you transgender?** | | | | | |
| **Yes** |  | **No** |  | **Prefer not to say** |  |
| **Not applicable** |  |  | | | |

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| 1. **Pregnancy/Maternity: Are you/have you:** | | | | | |
| **Pregnant** |  | **Given birth in the last six months** |  | **Neither** |  |
| **Prefer not to say** |  |  | | | |

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| 1. **What is your religion or faith?** | | | |
| **Buddhist** |  | **Christian** |  |
| **Hindu** |  | **Jewish** |  |
| **Muslim** |  | **Sikh** |  |
| **None** |  | **Other** *(specify below if you wish)* |  |
| **Prefer not to say** |  |  | |

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| 1. **Do you consider yourself to have a disability?** | | | | | |
| **Yes** |  | **No** |  | **Prefer not to say** |  |

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| 1. **Do you consider yourself to have a long-term health issue, this can include your mental health?** | | | | | |
| **Yes** |  | **No** |  | **Prefer not to say** |  |

**Date:**