**Application Form**

**Internship and Volunteers**

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| Title: | First Name: | Surname: |
| Address: | | |
| Date of Birth: | Contact Number: | |
| Email: | | |

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| Please give a brief description of any skills or interests you may have? |
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| Have you any special requirement that MAIN may need to be aware of? **YES/NO**  Please give details of applicable: |
| Please give details of any other volunteering work undertaken as this may help your application. |
| A DBS (Enhanced) Disclosure is a requirement of MAIN; would you be in agreement to this application process? **YES/NO**  If you already have an enhanced DBS, are you registered with the update service? **YES/NO** |

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| Please give the name and contact details of two referees who have known you for a minimum of 2 years, due to changes within the GDPR (General Data Protection Regulations 2018) we require permission from your references to keep their information whilst proceeding with your application, once confirmed this information will be destroyed). |
| Referee One:  Name:  Telephone number:  Email: |
| Referee Two:  Name:  Telephone number:  Email: |
| The information provided on this form will be kept with the strictest of confidence and in line with the Data Protection Act (1998) and only be used for the placement of volunteering.  Disclaimer: Where necessary we may need to contact other organisations and individuals from your application. Please indicate by circling below if you agree to this:  **YES NO**  If for any reason you do not continue with this process, all documentation will be destroyed; please be aware that if we do not receive the completed documents within 2 weeks we reserve the right to remove your data from our files |
| How did you hear about us?  Friend or family / Website / Social media; please specify \_\_\_\_\_\_\_\_\_\_\_\_  Office use only  Date received: \_\_\_\_\_\_\_\_\_\_ |

**Contact details:**

MAIN-Taking Autism Personally

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