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| Cyrenians LOTUS CommunitYVolunteer Translator - Vietnamese Application |  |

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| Basic Information About You |
| First Name(s) |  | Last Name |  | Date of birth  |  dd/mm/yyyy |
| Address |  |
| Country |  | Telephone (include country and area code) |  |
| Mobile/Cell Phone (include country code) |  | E-mail Address |  |
| For visa purposes, which countries do you hold citizenship or a passport for? |  |
| IF YOU ARE APPLYING FROM OUTSIDE THE UK, YOU MAY NEED A VISA TO VOLUNTEER WITH US. Please email Communitiesplacements@cyrenians.scot for further information before completing this application form. |
| Education |
| Tell us about any training courses, qualifications, etc., you have gained. |
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| Tell us about any work experience or volunteering you have done (if any) either related to languages skills or other fields |
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| 1. **VOLUNTEERING WITH CYRENIANS**
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| What has led you to deciding you would like to volunteer for Cyrenians?  |
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| 1. **PRACTICAL INFORMATION**
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| How long would you like to volunteer with us?  |
|  6 months [ ]  over 6 months [ ]  |
| When is the earliest you could start?  |  dd/mm/yy | When is the latest you could finish?  |  dd/mm/yy |
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| References |
| Before you volunteer with us, we will take up references. Please provide us with two referees who should have known you for at least one year, and are **not** family members or a personal friend. Acceptable references are Teacher, Employer, Lecturer etc. (If you are struggling to find a referee who can complete the form in English, please let us know by emailing the address below and we will do what we can to help.) |
| 1. Full Name |  | Relationship to you: |  |
| Email |  | Phone (including country code) |  |
| Address |  |
| 2. Full Name |  | Relationship to you: |  |
| Email |  | Phone (including country code) |  |
| Address |  |
|  |
| 1. **DECLARATION**
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| I declare that all the information given in this form application is true and I understand that false or misleading information will lead to my exclusion from the selection process or dismissal in the event of my appointment. |
| **Signed** |  | **Date** |  |
| (If you are completing this form electronically, please just type your name)Please email your completed form to:**communitiesplacements@cyrenians.scot** **/** **luciasantana@cyrenians.scot** |
| 1. EQUAL OPPORTUNITIES MONITORING
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| It would help us greatly if you could please complete the equal opportunities monitoring form here: <https://cyrenians.scot/equal-opps-test-form/> All responses are confidential and not linked to your application. |