

SECTION A: PERSONAL INFORMATION			
Confidential: No information will be disclosed without your permission		Information for Applicants: Please complete this form using Black Ink or Type. Where necessary, please continue your application on separate sheets	
REFERENCE NUMBER (official use only):			
TITLE OF POST APPLIED FOR:		Lighthouse Volunteer	
CLOSING DATE:		N/A	
PERSONAL DETAILS			
Title:		Contact address:	
Forename:		Home telephone (inc STD code):	
Surname:		Mobile Telephone:	
Email Address:			
Do you have a current car driving licence?		Yes	No
Do you have access to means of transport that allows you to full fill the duties of this post?		Yes	No
REFERENCES			
Please give the names and addresses of two people, one of whom should have known you for more than 2 years, who can vouch for your character.			
Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Telephone:		Telephone:	
E-Mail:		E-Mail:	

SECTION C: PERSONAL EXPERIENCE

Have you had personal experience of losing someone through suicide?
Please detail below your relationship with this person and length of time since loss?

SECTION D: RELEVANT COMPETENCIES, EXPERIENCE

Please provide any additional information that supports your application for the above position; reasons for making this application; personal interests; voluntary or paid experience; any notable achievements; knowledge of Crisis Intervention work or any other matter you consider relevant.

SECTION D: RELEVANT COMPETENCIES, EXPERIENCE

Area of work	Previous Experience Yes/No	Details of any experience	Priority of interest (1 – 3 with 1 being highest)
Administration			
Health Fairs			
Event management			
Fund raising			
Event Participation			
Crisis Work *			
Telephone calls			
Practical/ Housekeeping			
Office Cover			

***All crisis work applicants will be subject to an AccessNI check.**

Signature: _____	Date: _____
-------------------------	--------------------

**MONITORING QUESTIONNAIRE UNDER THE Lighthouse
BOARD'S EQUAL OPPORTUNITY POLICY**

IN CONFIDENCE - FOR MONITORING PURPOSES. APPLICATION No: NRT 01/07

1 Perceived Religious Affiliation

i I perceive myself to be from the Protestant community

or

ii I perceive myself to be from the Catholic community

or

iii I perceive myself to be from neither the Protestant or Catholic community.
Please specify

2 Gender

I am FEMALE MALE

3 Marital Status

I am MARRIED SINGLE OTHER

4 Disability

I am registered disabled person I am not registered disabled person

5 Age Band

I belong to the following band:

Up to 20	21-30	31-40	41-50	51-60	61-65	Over 65
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR CO-OPERATION

When you have completed this questionnaire, please return it in the envelope provided to:

**The Monitoring Officer
LIGHTHOUSE
187 Duncairn Gardens
Belfast BT15 2GF**