**Hillingdon Council**

**Library services**

**FAO Branch Manager**

**Duke of Edinburgh’s Award placement - Hillingdon Libraries**

Any information provided on this form is confidential and covered by GDPR (See HR volunteer privacy notice before completing this form)

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| **Contact details** |

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| **First Name: Surname:** |
| **Home Address:** |
| **Telephone No: (home)** |
| **Telephone No: (mobile)** |
| **Email Address:** |
| **Emergency contact details:**  **Name:**  **Relationship:**  **Contact telephone number:** |

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| **Are you a member of the library?**   * **Yes** * **No** |

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| ***Please note that to be eligible for a placement you must live or study in the London Borough of Hillingdon.***   |  | | --- | | **DofE contact details** |  |  |  | | --- | --- | | **DofE leader name** |  | | **Telephone** |  | | **Email** |  |   **Please fill in the details of your School or Group where you are doing your DofE:**   |  |  | | --- | --- | | **School/Group name** |  | | **School/Group contact name** |  | | **School/Group address** |  | | **School/Group email** |  | | **School/Group telephone** |  |  |  | | --- | | **I have attached a letter from my group/school to confirm that I am participating in a Duke of Edinburgh scheme.**   * **Yes** * **No** |  |  | | --- | | **About your placement** |  |  | | --- | | **Which level are you completing? (please tick one)**   * **Bronze** * **Silver** |  |  | | --- | | **Why are you interested in completing your DofE placement at the library? What are your goals?** | |

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| **Ideal start date or month**: |  |
| **Proposed length of placement (e.g. 3 months, 6 months)** |  |

**Which libraries are you interested in volunteering for? (Please tick)**

▢ Uxbridge ▢ Harefield ▢ Ruislip Manor

▢ Botwell Green ▢ South Ruislip

▢ Charville ▢ Yiewsley ▢ West Drayton

▢ Eastcote ▢ Ickenham ▢ Oak Farm

▢ Northwood ▢ Northwood Hills ▢ Mobile Library

▢ Yeading ▢ Manor Farm ▢ Hayes End

***Although we endeavor to offer you a placement at your nearest library, this may not always be possible.***

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| ***Please tell us your preferred days and times for volunteering. (Please tick)***   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | Morning |  |  |  |  |  |  |  | | Afternoon |  |  |  |  |  |  |  | | Evening |  |  |  |  |  |  |  | |

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| **Equal Opportunities** |

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| **Do you consider yourself to have a disability? Yes/No**  **If yes, please specify any support needs** |

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| **Declaration** |

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| **Hillingdon council will use the information given on your application for volunteering purposes as set out in our privacy notice.**  **I certify that information given is true and complete to the best of my knowledge,**  **By submitting this application, I agree with the declaration and privacy notice statements.**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Parent or Guardian’s consent for volunteers under 18 years** |

**I acknowledge that my son or daughter named above has applied to volunteer at Hillingdon libraries as part of their Duke of Edinburgh award. I understand that as a parent/guardian it is my responsibility to ensure the suitability of this placement.**

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| **Name of parent/guardian** |  |
| **Telephone** |  |
| **Email** |  |
| **Signature** |  |
| **Date** |  |

**Please return the completed application form to your local Hillingdon library. All successful applicants will be contacted for an informal interview.**