### **APPLICATION FORM**

### POTENTIAL PLUS UK INTERNSHIP



A. PERSONAL DETAILS	
Surname	Home Address
Title	
First Name(s)	
Place of birth	Telephone Number (home)
	E-mail address
	Telephone Number (mobile)

	VOLUNTEERING INFO			ou have		
Name of Employer/Organisation	Post/volunteer position held	Full or part-		om		То
		time	Month	Year	Month	Year

Please state how your experience and achievements to date make you a suitable candidate for an internship.

Please continue on an additional sheet if necessary.

	t; certificate/diploma in educ			
ualifications	Examining Body	Subject(s)	Pass level	Date Awarded

D. EDUCATION				
Secondary School education	Full-time	Part-time	From	То
University or other institution of higher education	Full-time	Part-time	From	То

## E. PASTIMES/LEISURE/VOLUNTARY INTERESTS

## F. Areas of interest for an internship

Please tick all the areas below that you would be interested in working in. This can be explored further if you are called for interview:

Marketing	
Fundraising	
Media relations	
Membership	
Event management	
Design	
Website	
Finance	
Other: Please provide de	etails

Running activities with children	
Running activities with parents/carers	
Policy work	
Research	
Campaigning	
Working on the Helpline	
Information and Advice Service work	

#### G. REFEREES

Names, addresses and telephone numbers of two people to whom reference may be made in confidence. One referee should be from your college or university. Neither should be members of your family. Please note that Potential Plus UK may contact these referees at any time without further reference to you. If you would prefer that we do not, please state this in your application.

Please state in which context you are known to the person named, e.g. "My former Head Teacher".

Name	Name
Context	Context
Address	Address
Telephone	Telephone
E-mail Address	E-mail Address

#### **H. PROTECTION OF CHILDREN**

We are obliged to ask for the following information, in accordance with the provisions of the Home Office circular 86/44 – "Protection of Children":

Please list below any spent or pending convictions. N.B. under the relevant Act "spent convictions" must be declared.

I hereby give my permission for a Criminal Records Bureau check to be carried out if the scope of the internship brings me into contact with children. I understand that my refusal to do so might prevent my internship with Potential Plus UK. (Please note that a CRB check is not essential for every internship role – it is dependent of the scope of the role.)

Signature:

Are you a British national? Yes  $\Box$  No  $\Box$  If no, are you able to volunteer in the UK? Yes  $\Box$  No  $\Box$ 

Do you have any disability or history of physical or nervous disorder that requires special arrangement when you are at our central office? If 'yes' please give brief details.

Are there any other circumstances relevant to your volunteering with Potential Plus UK, which ought to be declared?

Please continue on a separate sheet if there is insufficient space here and attach to your application.

# I DECLARATION

I certify that the information given on this form, is to the best of my knowledge, true and complete and I understand that any false information may, in the event of volunteering with Potential Plus UK, result in termination of the internship opportunity. Signature			
Date			
To be completed and returned to:	Chief Executive Potential Plus UK Suite 1.2, Challenge House Sherwood Drive Bletchley Milton Keynes MK3 6DP Tel: 01908 646433		
Deadline:	Application forms will be considered all year round		

Thank you for taking the time to complete this form. It is appreciated.

Potential Plus UK is committed to Equal Opportunities

Charity Registration No 313182