GIVE

Gambia Ireland Volunteers in Education

C/O Teachers’ Club

36 Parnell Square W

Dublin 1

Please insert **Passport Photograph** here. Please also **sign** your **name** at the **back** of the **photograph**.

**VOLUNTEER APPLICATION FORM**

**PERSONAL DETAILS**

**Note**: **Please ensure that your passport is valid** for the duration of your stay in The Gambia and for three months after you return home.

Please enter your full name as it appears on your passport – **use Block Capitals**

**First Name(s) as per your passport:**

First Name normally know as:

Surname:

Address

Mr/Mrs/Ms

 Date of Birth:

Home telephone no:

 Mobile telephone no:

Nationality as per passport

Passport Number:

Passport Expiry Date:

Please provide your email address that you access regularly: this will be our normal means of contacting you.

**Email address:**

**Next of Kin:**

1. **Name:**

**Relationship of Next of Kin**:

**Address:**

 **Telephone No:**

 **Mobile Telephone No:**

1. **Name:**

**Relationship of Next of Kin**:

**Address:**

 **Telephone No:**

 **Mobile Telephone No:**

**Your Education**

**Third Level Qualification**:

**Other Qualifications** **or skills which you can bring overseas**:

**WORK EXPERIENCE**

Please give details of current and previous (relevant) work experience

**Name of Schools / organisation(s):**

1.

**Address**:

**Dates Employed**:

**Roles & Responsibilities:**

1.

**Address**:

**Dates Employed**:

**Roles & Responsibilities:**

**Voluntary Work:**

Briefly describe any voluntary or service type work with which you may have been involved:

Do you wish to add anything of relevance to your going overseas?

Why do you wish to volunteer with GIVE?

**HEALTH INFORMATION**

GIVE assures you that all health information submitted will be kept strictly confidential.

Volunteers are required to certify that they are medically fit to travel and work in The Gambia. If your application is successful to volunteer with GIVE you may be required to forward a medical certificate from your doctor.

Volunteers are responsible for ensuring that they have taken the appropriate medical advice from their doctors in respect of The Gambia in which you will be based. In addition the Volunteers will arrange their own medical consultation in advance of departure for the Gambia, to obtain the required immunizations, inoculations, etc.

You are responsible for bringing all necessary medication or medical equipment (mosquito netting and malaria tablets) with you.

**Do you have any medical condition or special requirements that GIVE should be aware of?**

Please confirm Yes or No by placing X in the space: Yes or No

If yes, has your doctor agreed that you are fit to go overseas?

Please confirm Yes or No by placing X in the space: Yes or No

Do you have any current or past psychiatric illness and /or have you ever suffered from symptoms of stress which interfered with your day-to-day activities and/or which resulted in your having to miss work:

Please confirm yes or no by placing X in the space: Yes or No

**GIVE PROTECTION POLICY - CHILD, YOUNG PEOPLE AND VULNERABLE PEOPLE**

In pursuance of general clearance checks you are requested to authorise the GIVE Foundation to make a data protection request under Section 4 of the Data Protection Acts to the Garda Siochana, including in particular, in accordance with the GIVE children, young persons and vulnerable persons protection policy, an application to the Garda Vetting Unit, Thurles, Co Tipperary, for any data they may hold relating to you.

Please confirm Yes or No by placing X in the space: Yes or No

Can you confirm that there are no criminal convictions recorded against you in the Republic of Ireland or elsewhere or that no convictions appear on Garda records against you or that you have not been prosecuted, successful or not, pending or completed, in the State or elsewhere as the case may be?

Please confirm Yes or No by placing X in the space: Yes or No

**DATA PROTECTION STATEMENT**

GIVE respects the privacy of your personal information. Information provided will be kept only for the purpose of processing your application. The details on this application form will not be disclosed by GIVE to any external body unless GIVE has your permission or is under a legal obligation to do so. The information provided may be disclosed by GIVE to Regulators as required by applicable law or regulation.

Data will be controlled by the GIVE Communications Officer.

**Insurance**: By signing this application you are confirming that you will take out Travel / Health insurance for your own protection for the duration of my assignment.

**Referees: (One must be from former or latest employer)**

1. **Name**:

**Address**:

**Telephone Number**:

**Email Address:**

**In what capacity & how long has he/she known you**?

1. **Name**:

**Address**:

**Telephone Number**:

**Email Address:**

**In what capacity & how long has he/she known you**?

**PROGRAMME DETAILS**

Agreement: Please note that you will be required to sign an agreement with GIVE, which if I sign it; I will abide by its terms.

**Travel Options:**

Please confirm by placing X in the box your preference to travel:

1. January / February

1. February / March

**Where did you hear about GIVE**?

Please confirm by placing X in the box:

Previous Volunteer: Irish Times: Sunday Independent:

RTE Documentary Website Comhnasc:

Friends: Other please specify:………………………………

**DECLARATION**

I hereby confirm that I have completed this application myself and that all information provided is accurate and correct.

**Name:**

**Date:**

**GIVE’s Ethos**

GIVE believes that every human being has the right to the fundamentals of life: food, water, shelter, healthcare and education.

The organisation cherishes all persons who volunteers to help with the work of the organisation and is committed to volunteer development in order to enhance the skills and knowledge of all volunteers in the project.

GIVE is dedicated to the sharing of educational experience between Irish and Gambian teachers in order to promote the development of sustainable communities and to enrich the educational experience of all participants in the programme.

GIVE is committed to working in a respectful manner within the education communities to raise standards of teaching and learning in those communities.

Note: This Application Form must be signed and posted to GIVE Foundation, C/O Teachers’ Club, 36 Parnell Square W, Dublin 1

**Email:** giveireland@gmail.com

**Website:** [www.giveireland.ie](http://www.giveireland.ie)