

**Please complete ALL parts of this form.**

Name: Date of Birth:	Post/s applied for:
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Address:

Postcode:

Tel No (day):	
Mobile Tel No:	Email:
Please detail any restrictions on daytime calls or email contact	
Do you drive?	

Why are you interested in volunteering for IET Connect?

Please state any skills or relevant experience that you could bring to the role (ie other volunteer experience).

**Referees**

It is possible that in your voluntary work with IET Connect you may come into contact with vulnerable people. We would, therefore, wish to take up references from individuals who are not family members.

Name:		Name:	
Relationship to Volunteer:		Relationship to Volunteer:	
Address:		Address:	
Tel No: Email:		Tel No: Email:	

**Confidentiality**

I understand that I am required to apply for a CRB disclosure as the role of Local Representative may involve contact with vulnerable adults and that IET Connect will arrange this on my behalf. I understand that I must follow the code of practice and treat all information in strictest confidence. I accept that a breach of this confidentiality may result in a termination of my volunteering with the IET Connect.

Signature/Name	Date
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**Please return this form to:**

**IET Connect**

**2 Savoy Place**

**London WC2R 0BL**

**Telephone:** 020 7344 5719 **Fax:** 020 7240 0786

**Email:** [ietconnect@theiet.org](mailto:ietconnect@theiet.org) **Website:** [www.ietconnect.org](http://www.ietconnect.org)

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