



## Sheffield Association for the Voluntary Teaching Of English

The Circle, Rockingham Lane, Sheffield. S1 4FW. Tel: 0114 2536644 Email: savte@savte.org.uk

### VOLUNTEER APPLICATION / ENROLMENT FORM

<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>	
<b>Postcode:</b>	<b>Tel.No. Home:</b> <b>Mobile:</b>
<b>E-Mail:</b>	
<b>How did you hear about SAVTE?</b> Please give details e.g. saw poster in Central Library.	
<b>Experience/Work/Voluntary Work/ Qualifications/Interests.</b> (no specific experience or qualifications are necessary to volunteer)	



**Patron:** The Rt Hon. the Lord Blunkett  
SAVTE Registered Charity No. 1081597  
Company No. 3865216



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**Why do you want to volunteer as a home tutor?**

**(Tell us in a minimum of 150 words why you want to volunteer with SAVTE)**

**Are you willing to teach a learner from any country/culture/background? Yes / No**

**Are you willing to teach the learner in their own home? Yes / No**

**Mother Tongue / Languages Spoken :**

**As part of the application process SAVTE will need to carry out a DBS check. Please confirm if you have any unspent convictions. Yes / No**

**If you feel this may affect your application please share any information you are willing to:**



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### NAME AND ADDRESS OF TWO REFEREES

(If possible at least one referee should be a previous employer, a tutor or someone who knows you in a professional / formal way and can provide a character reference for you)

<b>Name</b>	1	2
<b>Address</b>	1	2
<b>Telephone no</b>		
<b>Email address</b>		
<b>How do they know you?</b>	1	2
<b>(Office use)</b>	Sent:	Sent
	Received:	Received:

The information provided on this form is, to the best of my knowledge, accurate and complete.

**Signature:**

**Date:**

Please email your application to [savte@savte.org.uk](mailto:savte@savte.org.uk)

### For Office Use Only

Candidate interview date:

INTERVIEW OUTCOME:

NOTES:





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### Equal Opportunities Form

In order to ensure that we are offering equal opportunities, we collect the following information for monitoring purposes. The information will be treated as confidential, however, if you prefer not to divulge this information, please state this at the bottom of the form.

Thank you.

Ethnicity Monitoring		(tick)
White	British	
	Irish	
	Gypsies and Travellers	
	Other White Background	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Other Asian Background	
Chinese/Chinese British	Any Chinese Background	
Black or Black British	Caribbean	
	Somali	
	Other African Background	
	Other Black Background	
Mixed/Dual Heritage	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Other Mixed Background	
Other Ethnic Group	Yemeni	
	Other Ethnic Group	

Age Monitoring		(tick)
Under 19		
20-59		
Over 60		

Gender Monitoring		(tick)
Male		
Female		

Disability Monitoring		(tick)
Disability or Long Term Illness		
No Disability or Long Term Illness		

I do not wish to divulge this information:

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