**GOOGLE FORM**

**Volunteers Application Form**

|  |
| --- |
| Name and Surname |
|  |
| Date of Birth |
|  |
| Place of Birth |
|  |
| Address |
|  |
| Contact details |
|  |
| What is your nationality? |
|  |
| Gender: (Multiple answer) |
| Male  female  Other than listed |
| Do you have any volunteering experience? |
| Yes/No |
| Please describe your volunteering experiences (which organization, which field, functions, tasks, where, period, etc.) |
|  |
| Describe your current working situation (Multiple answer) |
| Full-time Employed  Part-time Employed  Freelance  Unemployed  Student  Other |
| Describe your higher level of education completed (Multiple answer) |
| High School  Diploma  Bachelor Degree  Master  PhD  Post-Doc  Other |
| Language skills: knowledge of English language for the international training |
| Fluent  Good  Basic  Ability to participate without language skills |
| ***We require in the following questions sensible information to offer equal opportunities, prevent discrimination and support under-represented groups*** |
| Do you have a migrant background? |
| yes/no |
| Do you have disabilities or difficulties? (Multiple answer) |
| Yes, I have a disability and will need support.  Yes, I have a disability, but, please, don't draw extra attention to me. I can participate equally, and I will ask for help if I need it.  No |
| If yes, please tick the relevant box: |
| Visual difficulty  Hearing difficulty  Mobility difficulty  Wheelchair user  Mental health difficulty  Cognitive (intellectual) difficulty  Difficulty to read (Dyslexia)  Difficulty to calculate (Dyscalculia)  Emotional / behavioural difficulty  Social skills difficulty |
| Medical difficulty (such as epilepsy, diabetes, allergies etc.). Please, describe |
|  |
| ‘Unseen’ difficulty |
|  |
| Other difficulty |
|  |
| Personal support need |
| yes/no |
| The level of indicated difficulties (Multiple answer) |
| Moderate  Severe  Multiple |
| I would like a member of Dyvo staff to contact me to discuss my requirement, in confidence |
| Yes/No |
| Would you be able to participate in national and international workshops between September 2021 and July 2022? |
| Yes/No |
| Your emergency contact |
|  |
| ***I give my permission for the information (about my difficulties to be passed on to project staff, teaching staff and other relevant staff.*** |
| ***I hereby authorize the use of my personal data in accordance with the GDPR 679/16 - "European regulation on the protection of personal data".*** |
|  |
| Thank you and Good Luck! |