



OFFICE USE ONLY  
CANDIDATE REF:

# Daft as a Brush

CANCER PATIENT CARE

## VOLUNTEER APPLICATION FORM

Please return by hand or post to: Daft as a Brush Cancer Patient Care , Daft as a Brush House,  
Great North Road, Gosforth, Newcastle upon Tyne, NE3 2DR. Tel: (0191) 28 55 999

Please email [Graeme.Dixon@DaftasaBrush.org.uk](mailto:Graeme.Dixon@DaftasaBrush.org.uk)

### PERSONAL INFORMATION:

Surname ..... Forenames(s)..... Preferred title ..... Previous Surname .....

Address ..... Post Code .....

Home telephone ..... Mobile ..... Email .....

Date of Birth ..... Please state the school / college you attended .....

### PLEASE SELECT

Chauffeurs - Driving the Daft as a Brush Ambulances       Companions - in the Daft as a Brush Ambulances

Newcastle Area       Carlisle Area       Whitehaven Area

NUMBER OF HOURS / DAYS PER WEEK YOU WISH TO VOLUNTEER .....

### QUALIFICATIONS

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EMPLOYMENT DETAILS - Job Title / Experience .....

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Dates from: ..... to: .....

Name and address of employer: .....

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EMPLOYMENT DETAILS - Job Title / Experience .....

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Dates from: ..... to: .....

Name and address of employer: .....

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**FURTHER INFORMATION:**

Please use this space to tell us about your experience, skills, knowledge and any training that you consider to be relevant.

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**FIRST REFERENCE:**

Name ..... Position in company ..... Company name .....

Address ..... Post Code .....

Email ..... Telephone Number ..... Fax Number .....

**SECOND REFERENCE:**

Name ..... Position in company ..... Company name .....

Address ..... Post Code .....

Email ..... Telephone Number ..... Fax Number .....

**DRIVING LICENCE AND ENDORSEMENTS:**

Do you possess a full driving licence ? YES  NO

Do you have any licence endorsements ? YES  NO

Is there any medical history that may prevent you from driving safely? YES  NO

If YES, please specify: .....

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**DECLARATION:**

I declare that to the best of my knowledge, the information given on this application is correct. If it is discovered that the information is false or misleading I may have my application disqualified. I understand that applicants will be DBS checked.

Signed: ..... Date: .....