**West Glamorgan Regional Partnership**

**Volunteer Interest Form**

West Glamorgan Regional Partnership is committed to creating opportunities for individuals to share their lived experiences of health and social care services and working together to improve services across Swansea and Neath Port Talbot. Please fill in this form to tell us how you would like to be involved as a volunteer. If you want support filling in this form or would like a printed copy, please contact west.glamorgan@swansea.gov.uk or contact the Volunteer Representative Co-ordinator directly on 07584491980.

**Volunteer Contact Details:**

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| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email** |  |
| **Emergency Contact Details** |  |
| **Availability / Time Commitment**  |  |

**Please select your area(s) of interest:**

|  |  |
| --- | --- |
| Communities and Older People Programme |  |
| Carers Partnership  |  |
| Emotional Wellbeing and Mental Health Programme |  |
| Wellbeing and Learning Disabilities Programme |  |
| Dementia Programme |  |
| Children and Young People Programme |  |
| Neurodiverse Programme |  |

**Skills, Experiences, and Interests:**

The following questions are designed to help us get to know you, and your motivations for wanting to volunteer with the West Glamorgan Regional Partnership team. Please include as much information as possible.

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| --- | --- |
| **Please tell us why are you interested in volunteering for the West Glamorgan Regional Partnership?**  |  |
| **Please tell us why you are particularly interested in the programme(s) selected above.** |  |
| **Please tell us about any skills and experience you have relevant to this role.** |  |
| **What do you hope to gain from being a volunteer with us? How will it benefit you?** |  |
| **Please tell us about any experience you have of health and social care services…** |  |

**Networks and Connections**

We are looking for people who may be able to draw on existing networks that you are involved in and/or potential for reaching new people. Please describe your experience of this and how you would use it to benefit the Regional Partnership?

Please mention if you are a member of another local or national organisation such as a charity, local group, etc.

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**Support Requirements**

Please tell us if there is any additional support you require to enable you to volunteer with us e.g., equipment, training, communication.

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**Additional Information**

Is there anything else you would like to add to this application?

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**Privacy Notice**

We are committed to ensuring that your privacy is protected. We will use your personal information to support you in your volunteering role and to produce reports as requested by our funders and partners. The legal basis in which we are collecting your personal data is legitimate interests. Any personal information you have given us will be stored securely in compliance with General Data Protection Regulations (GDPR) and Data Protection Act. For further information please visit: [www.westglamorgan.org.uk](http://www.westglamorgan.org.uk) or contact west.glamorgan@swansea.gov.uk.

**I agree to West Glamorgan Regional Partnership Board using my data in the way described above.**

Volunteer Signature: ………………………………………… Date: ……………………..

**Please send your completed form via email to** **west.glamorgan@swansea.gov.uk** **or by post to West Glamorgan Regional Partnership Board, c/o Swansea Council, Civic Centre, Oystermouth Road, Swansea SA1 3SN**

**Thank you for your interest and giving your time to complete this form.**