

**Swansea University Volunteer Application Form**

**If you are interested in volunteering with ELTS at Swansea University please complete the form below.**

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| 1. **Personal Information** | | | |
| Preferred Title: | Last name: | | First Name: |
| Employer (if applicable): | Nationality: | | Passport number: |
| Role(s) You are interested in (tick all that apply):  Teacher Teaching Assistant  Other (please provide details): | | | |
| Teaching Qualification (tick all – if any - that apply):    CELTA DELTA CertTESOL PGCE  Other (please provide details): | | | |
| Reason(s) / Motivation for volunteering (tick all that apply):  Skills development To maintain skills Classroom experience  Community engagement To make a difference  Development of confidence  Other (please provide details): | | | |
| Contact address: | | Telephone number: | |
| Email address: | | | |

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| 1. **Details of proposed volunteering period** | | | |
| Requested start date: | Requested end date: | | Duration (number of weeks): |
| Applicant’s signature (electronic signature is acceptable): | | Date: | |
| For use in emergency only: Name and contact details of your next of kin/nearest relation: | | Their relationship to you, e.g. husband/wife/father/mother: | |

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| 1. **For Swansea University College (ELTS) use only** |
| College designated contact:  **Jade Fouracre-Reynolds** ([s.fouracre-reynolds@swansea.ac.uk](mailto:s.fouracre-reynolds@swansea.ac.uk)) |
| Description of Facilities to be provided by the College:  **Suitable classroom, photocopying facilities, teaching materials, lesson planning support, classroom paperwork** |
| Head of College signature :  Date: |
| *Head of College: Once completed and signed, please return this form to your College HR Officer.* |

***Please return the completed form and your current curriculum vitae/resume to*** [***s.fouracre-reynolds@Swansea.ac.uk***](mailto:s.fouracre-reynolds@Swansea.ac.uk)***.***