

**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**
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| 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**
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| 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**
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| College designated contact:**Jade Fouracre-Reynolds** (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******.***