

Application for Voluntary Placement at ROSHNI Ramakrishna Ashrama

Personal details			
Title and Name		Date of birth	
Address		Email address	
Phone number		Mobile number	
Gender		Marital status	

Professional details	
Profession	
Professional Body/reg no.	
Health Professionals Council number (if applicable)	
Name and address of current employer/ place of study	
Expected date of graduation/ termination of employment	
Proposed date of departure for India	
Proposed length of placement	

Employment History: Please outline your past employers, starting with your current/most recent employer (continue on a separate page if necessary)		
Employers name and address	Dates of employment	Brief summary of role and responsibilities

Other Activities: Please give details of any other experience/skills which you think is relevant

Please outline below:

- Why you are interested in a placement at ROSHNI;
- any experience and personal qualities you have that may be relevant to your suitability to do a voluntary placement at ROSHNI;
- what you could gain from the experience;
- how you could be of service to ROSHNI.

Please include details of clinical experience, overseas/voluntary experience, paid work, training, or anything else you feel is relevant.

Please give details of 2 people we can contact to obtain a reference. At least one should be a qualified professional who knows you in a work-related manner. If you are currently unqualified, one referee should be a representative of your University department. Referees must not be related to the applicant.

Name:	Name:
Profession:	Profession:
Address:	Address:
Email address:	Email address:
Telephone:	Telephone:
Capacity in which the referee is known to you:	Capacity in which the referee is known to you:

Health	Yes	No	Details if answered 'yes'
Are you currently taking medication/being treated for a medical condition?			
Have you ever been admitted to hospital?			
Do you suffer from, or have you ever suffered from a condition affecting your cardiovascular system?			
Do you suffer from, or have you ever suffered from a condition affecting your gastrointestinal system?			
Do you suffer from, or have you ever suffered from a condition affecting your respiratory system?			
Do you suffer from, or have you ever suffered from any other medical condition?			
Do you have any known allergies?			

Please note that you may be asked for further details regarding your medical status, or asked to undergo a medical screening with your GP.

Ethnicity: How would you describe your ethnicity?

Criminal Records Bureau clearance
Do you have a current, clear CRB check (within the last 6 months)?
YES / NO
If so, please enclose a photocopy with your application. We will need to see the original copy at the time of interview.

Next of Kin Details: Please give details of 2 people we could contact in an emergency	

HAVE YOU GOT ANY CURRENT OR PREVIOUS CONVICTIONS? YES / NO.
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If yes, please give details on a separate sheet.

For our interest, where did you hear about Friends of ROSHNI UK?

DECLARATION

I confirm that the information given on this form is correct to the best of my knowledge.

SIGNATURE **DATE**

Please email the form to roshniuk@ktdinternet.com, or post it to:

P. O'Sullivan
Friends of ROSHNI UK
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Chorlton
Manchester
M21 7HY