**Midland Film And Art**

**(c/o The Art Yard)**

19 – 20 Upper High Street Email: infoartyard@gmail.com

Cradley Heath Gallery: 01384 910968

West Midlands

B64 5HX

**Complete Part 1 in full.**

You will be required to attend a selection interview/induction session and will be notified if you have been successful soon afterwards.

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| ***Part 1 - Personal Details***  |
| **Forename(s):**  |   | **Surname**:  |   |
| **Address:**  |   |
| **Postcode:**  |   | **Date of birth**:  |   | **Age**:  |   |
| **Mobile:** |   |
| **Landline** |   |
| **Email:**  |   |
| **Emergency Contact Name:** |   |
| **Emergency Contact Number:** |   |
|  |  |
| **Preferred volunteering days:**  |  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mark ‘X’  | Mon |   | Tue |   | Wed |   | ~~Thu~~ |  | Fri |   | Sat |   |

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**PHOTOGRAPHS**There may be occasions where you are asked to have your photograph taken. This could be used for promotion or marketing material and/or shown on social media.

**Do you give your consent to this?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mark ‘X’ | Yes |   | No |   |

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| **Part 2 – More about your volunteering** |
| **Briefly** explain why you want to volunteer with MFAA [The Art Yard]?  |
|   |
| How would you describe your artistic skills?  |
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| **Part 3 - Disability** |

The Equality Act defines a person as having a disability if he/she “has a physical or mental impairment which has a sustainable and long-term adverse effect on his/her ability to carry out normal day to day activities”.

**Do you consider yourself to have a disability?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mark ‘X’ | Yes |   | No |   |

 **Do you require any adjustments to support your work placement?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mark ‘X’ | Yes (specify below) |   | No |   | Prefer to discuss 1to1 |   |

|  |
| --- |
|  Adjustments:  |

\* *Wherever possible and reasonable we will make adjustments and offer alternatives to help people with a disability*.

|  |
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| **Part 4 - Declaration** |

*I confirm that the details I have provided are accurate and correct.*

*I note that the information on this application form will be held no longer than necessary and may be further processed or verified in accordance with the General Data Protection Regulations [GDPR] 2018.*

Signature Date

 \* **If under 18, parent/guardian also to sign**

Parent Signature Date

**Personal Information**

Your personal information/data will be used internally within MFAA[TAY] to process your application. MFAA will not share your personal data with third parties without your consent unless required to do so by law.

The contact details you provide will only be used to progress your application for the purposes of your volunteering.

MFAA[TAY] will only hold onto your personal data for a maximum of 18 months from the date that you cease to volunteer after which time it will be deleted.