APPS UK FOUNDATION
Advancing Health, Changing Lives
Registration : 1163957

APPSUKF VOLUNTEER APPLICATION FORM

Charity No. 1163957

Association of Pakistani Physicians and Surgeons UK Foundation

Thank you for your interest in volunteering with the APPSUKF. Please complete this form carefully. All information will be treated confidentially and handled in line with APPSUKF's safeguarding, equality, and data protection policies.

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1. PERSONAL DETAILS

Full Name:	
Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other:	**Date of Birth:**
Address:	
Postcode:	**Email:**
Phone Number:	

2. PROFESSIONAL INFORMATION

Profession / Occupation:
GMC / NMC / Other Registration No. (if applicable):
Current Employer / Institution:
Work Address (optional):

3. AREAS OF INTEREST

Please tick the areas where you would like to volunteer:

☐ Community Health Projects ☐ Fundraising & Events ☐ Education & Mentorship

☐ Overseas Medical Missions ☐ Administrative Support ☐ Research & Public Health

☐ Other **(please specify):**

4. SKILLS AND EXPERIENCE

Briefly describe any relevant experience, training, or skills you can bring to APPSUKF:

5. AVAILABILITY

How much time can you commit?

☐ Occasionally (as needed)

☐ Monthly

☐ Weekly

☐ Specific event(s) only **(please specify):**

Preferred volunteering location(s):

☐ In-person (UK)

☐ Remote / Online

☐ Overseas (as part of APPSUKF missions)

6. REFERENCES

Please provide details of two referees (not relatives) who can comment on your suitability to volunteer.

REFEREE 1:

Name:

Email:

Phone:

Relationship:

REFEREE 2:

Name:
Email:
Phone:
Relationship:

7. DECLARATIONS

a. Criminal Convictions
Do you have any unspent criminal convictions or cautions?
☐ Yes ☐ No
(If yes, please give details in a sealed envelope or separate email marked "Confidential – for Volunteer Coordinator.")

b. Safeguarding
Some roles may require a DBS check. Are you willing to undergo a Disclosure and Barring Service (DBS) check if required?
☐ Yes ☐ No

c. Data Protection
I understand that my information will be stored and used in accordance with the APPSUKF Data Protection Policy and will not be shared without my consent.

d. Agreement
I confirm that the information provided is true and accurate to the best of my knowledge, and I agree to follow the policies and values of the APPSUKF while volunteering.

Signature:	**Date:**

FOR OFFICE USE ONLY

Application received on:	
Reviewed by:	
Role assigned / Project:	
DBS required: ☐ Yes ☐ No	**Date:**