**Royal Marine Support Network Officer**

**APPLICATION FORM**

**Personal Details**

Title: . Name : .

Home Address: .

 Postcode: .

Home Tel: Mobile: .

E-mail (mandatory requirement):

Preferred method of contact: Phone Email 

Date of Birth:

I have a full UK driving licence **Yes No** I own my own car **Yes No**

Current employment status: Working full-time Working part-time Retired

 Job-seeking Other

**Current Employment Details:**

Current role

**Availability**

 Please tick when you may be available to volunteer

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | **SAT** | **SUN** |
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

As a RM Support Network Officer, are you able to commit to our initial training course (Fri pm to Sun pm) and to ongoing training and development?

**Yes / No**

*Ongoing training (Fri pm to Sun pm) will be held annually, and it will be a mandatory requirement to attend at least once every three years to remain current in this important role.*

**How did you hear about the Royal Marines Support Network role?**

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 **Access Requirements/Health Concerns**

 Please let us know if you have any mobility issues or health conditions, we should be aware of.

 **My Emergency Contact**

 **Please provide the details of someone we can contact should you suffer an accident or illness whilst**

 **volunteering for The Royal Marines Charity.**

 **Name: Contact No:**

 **Please be aware this role is subject to DBS Basic Check.**