

REGISTRATION FOR  
FOUNDATION COURSE

– FOR INTRODUCTORY PROGRAMME PLEASE SEE OVER

Please complete and return the appropriate section of this registration form to:

**Working For A Charity, NCVO, Regent's Wharf, 8 All Saints Street, London N1 9RL**

**Tel: 020 7520 2512 Fax: 020 7713 6300 Email: [workingforacharity@ncvo-vol.org.uk](mailto:workingforacharity@ncvo-vol.org.uk)**

I would like to enrol for the \_\_\_\_\_ FOUNDATION COURSE  
starting on \_\_\_\_\_ (specify date).

I enclose a cheque made payable to NCVO for £ \_\_\_\_\_ as deposit/full payment (delete as applicable) to book my place on the course. I understand that the fee is not refundable less than 4 weeks before the first training day. **For payment by credit / debit card please see overleaf.**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Male  Female (Please tick)

Date of Birth \_\_\_\_\_

Nearest underground/railway station(s) \_\_\_\_\_

Tel Nos: Daytime \_\_\_\_\_ Mobile \_\_\_\_\_

Email: Work \_\_\_\_\_ Home \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Any dietary/access/other needs \_\_\_\_\_

Please note that the course fees must be paid in full before the start of the first training day.

Please complete the following sections, which are designed to assist in arranging your voluntary training placement with a host charity, and attach a C.V.

1. Summary of previous work experience and skills (including details of computer skills)

\* Please note, attaching a C.V. is not sufficient, a summary is required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Voluntary work with a charity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of work to which you feel you would be best suited in your voluntary placement e.g. finance, editorial, fundraising, human resources, IT, research, project management, marketing, PR etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4a. Main areas of interests for your voluntary placement e.g. health, children, environment, disability, housing, older people, community work etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4b. Charitable causes you would prefer to avoid \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Future career plans \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Where did you hear about us? \_\_\_\_\_

# REGISTRATION FOR INTRODUCTORY PROGRAMME

Please complete and return to Working For A Charity (address overleaf)

I would like to enrol for the INTRODUCTORY PROGRAMME which will be held on \_\_\_\_\_  
 \_\_\_\_\_ (specify dates of Parts 1 and 2)

I enclose a cheque for £\_\_\_\_\_ made payable to NCVO. **For payment by credit/debit card see below.**

I understand that the fee is not refundable less than 4 weeks before the first training session.

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Contact Address \_\_\_\_\_  
 \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. Daytime \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Any access/other needs \_\_\_\_\_

Please debit my MasterCard/Visa/Delta/Switch/Electron (delete as applicable) Amount: £ \_\_\_\_\_

Card no: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Valid from: \_\_\_\_\_ Switch issue no: \_\_\_\_\_ CSV number (last 3 digits on signature strip): \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Data Protection

The information you have provided will only be used to administer the course you have subscribed to and to send you information about other Working For A Charity activities we run which may be of interest to you.

If you would like to receive more information about NCVO Working For A Charity's future activities please tick this box