



Helpline team application form

Title	Forename
Surname	
Address	
Town	Postcode
Preferred contact number	
Email	
Date of birth / /	
Occupation	

Motivation

Please tell us why you would like to join the team:

Availability

You will be required to attend annual training, normally over a weekend (all expenses are paid for by the trust).

Are you prepared to attend annual training?

Yes No

Relevant skills

What qualities and skills that you have gained from your personal, work or voluntary experience do you think you can bring to the team?

Please tell us anything else about yourself that will help us assess your suitability for this role:

Please continue on a separate sheet if necessary and attach it to this form

About you

It would be helpful if you could give us some information about you as a person – your interests, work, study etc
If you have received treatment for cervical cancer or abnormalities, please also include how long ago you were diagnosed.

Referees

Please give us the names and addresses of two people who can confirm your suitability for this role. One of your referees should have known you for at least three years. Your referees cannot be family members.

Referee 1

Title	Forename
Surname	
Address	
Town	Postcode
Daytime telephone number	
Email	
Please tell us how you know this person:	

Referee 2

Title	Forename
Surname	
Address	
Town	Postcode
Daytime telephone number	
Email	
Please tell us how you know this person:	

Your signature

Date / (mm/yy)

Please send your completed form to:

The Service Development Manager

Jo's Cervical Cancer Trust, 16 Lincoln's Inn Fields, London WC2A 3ED

OR save the form and email it to: rebecca@jostrust.org.uk

Alternatively you can fax the form to us on 020 7936 7598.