**Royal College of Physicians**

Museum events volunteer application form

**Personal details**

**First name(s)** Click or tap here to enter text. **Surname** Click or tap here to enter text. **(Preferred name to be addressed by)** Click or tap here to enter text.

**Home address:**

Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mobile number: Click or tap here to enter text.

**What hours/days can you commit to as a volunteer (please tick all that apply)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday\*\* | Sunday\*\* |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| \*Evening |  |  |  |  |  |  |  |
| Any time |  |  |  |  |  |  |  |

\* Evening events include private views and lectures.

\*\* The museum is only open at weekends for occasional events.

**How did you hear about volunteering opportunities at the RCP museum?**

Team London  RCP museum website

RCP museum Facebook or Twitter  UCL volunteering

KCL volunteering

Other (please specify) ……………

**Do you have any access needs that we need to be aware of?**

Yes NoIf yes, please givedetails ………………………………………………………………………

**Tell us about yourself**

**Are you currently (please tick):**

Employed Looking for employment  Not looking for employment

Self-employed Retired Studying full/part time at college or university

**What are your reasons for volunteering at the RCP museum (tick all that apply)?**

To learn a new skill To meet new people

To learn more about museums I have a general interest in heritage

To improve my CV I have a general interest in medicine

To fill my time  Other (please specify) ……………………………

**Why do you want to volunteer at our museum?**

Give as much relevant information as possible. Please attach your CV or use an extra page if you wish.

**Do you have any museum/heritage experience or other relevant experience you’d like to tell us about?**

Please note this is not a requirement for the role.

**Add more information here (if required)**

I declare that the information I have given is true to the best of my knowledge.

Signed: Click or tap here to enter text. Date: Click or tap here to enter text.

**Please return the completed form to** [**history@rcplondon.ac.uk**](mailto:history@rcplondon.ac.uk) **or to the below postal address by Friday 22 April. The RCP museum will endeavour to reply to all applicants within 1 week of the deadline.**

Under the UK Data Protection Act 1988, we follow strict procedures in the storage and disclosure of information that you have given us, to prevent unauthorised access, and your information will not be disclosed to any third party. We may occasionally request proof of identity before we are able to offer you an opportunity for work experience or to volunteer in the museum. By disclosing your personal information to us using this form, you consent to the secure collection, storage and processing of your personal information by the Royal College of Physicians in the manner set out in this privacy statement.

**Archive, Heritage Library and Museum Services**

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