



Child Sight Foundation (CSF) Volunteering Application Form

Personal Information:

Title:	_____	Gender:	_____
Name:	_____	Date of Birth (dd/mm/yyyy):	_____
Permanent Address:	_____	Passport No:	_____
Correspondence Address:	_____	Nationality:	_____
Country of Domicile:	_____	Contact Number:	_____
Email 1:	_____	Mobile Number:	_____
Email 2:	_____	Fax:	_____

Volunteering Information:

Period: From (dd/mm/yy) _____ To (dd/mm/yy) _____
Where did you hear about CSF:

Language (s): (Please list all the languages you know)

Information about funding: (Please provide details of sponsoring organisation)

- Self-financed
- Sponsor: Name and address of sponsoring organisation and a contact person
- Other Sources: Please give details

Please provide correct information about funding sources. Any incorrect information may lead to the cancellation of your application or termination of your volunteering in the country.

Personal Statement

Please state in not more than 800 words why you want to do volunteering with CSF and its relevance to your area of interests/academic studies, what you expect to get out of this volunteering, what you can offer CSF as an intern, and how this may help your studies and/or future career (Please continue on a separate sheet if needed). Your statement should directly address the above points:

Work Experience (not obligatory)

Please include details of your most recent employer, previous employment, volunteer work and any other positions of responsibility which you feel are relevant.

Dates	Name of organisation	Position held and responsibility

Education and Qualifications (obligatory)

Please detail your academic and other qualifications to date.

Dates	Name of Institution and qualification	Subjects and grades	Department	Address and telephone number:	Email Address and Fax:

Languages

Are you proficient in Bengali?

Yes No

If yes, please tell us about your level of proficiency.

A = Fluent C = Intermediate

B = Advanced D = Basic

Speaking	Listening	Reading	Writing

Are you proficient in English?

Yes No

If yes, please tell us about your level of proficiency.

A = Fluent C = Intermediate

B = Advanced D = Basic

Speaking	Listening	Reading	Writing

Logistics support

Will you require translation services?

Yes No

Will you require accommodation support?

Yes No

Will you require airport pick up?

Yes No

Hobbies and interests

Please describe any hobbies and interests you have which you think might be relevant.

Supporting Information

What do you think that you would gain from the experience you gain by working with CSF?

What challenges do you think you might face when in Bangladesh?

What is your perception of Bangladesh today?

Skills and Experience

Do you have experience in any of the following areas?

- | | | | | | | | |
|---------------------|--------------------------|----------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Advocacy | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | IT | <input type="checkbox"/> | Research | <input type="checkbox"/> |
| Management | <input type="checkbox"/> | Material development | <input type="checkbox"/> | Publications | <input type="checkbox"/> | Teaching | <input type="checkbox"/> |
| Training | <input type="checkbox"/> | Photography | <input type="checkbox"/> | Film Making | <input type="checkbox"/> | Graphics Design | <input type="checkbox"/> |
| Disability Services | <input type="checkbox"/> | Field Work | <input type="checkbox"/> | Social work | <input type="checkbox"/> | Special Education | <input type="checkbox"/> |
| Medical Services | <input type="checkbox"/> | Rehabilitation | <input type="checkbox"/> | Writing proposals | <input type="checkbox"/> | Administration | <input type="checkbox"/> |

Please give us details of your experience and also describe any other skills you have which you think might be relevant.

Other skill & Experience (please specify)

Dependants/Caring Commitments

Do you have children under 18 years old?

Yes No

Are they living with you or dependent on you?

Yes No

Is anyone else dependent on you for care or support?

Yes No

If you have dependents, what arrangements will you make for them while you are on your placement?

Criminal Convictions

Have you been convicted of a criminal offence in the last 5 years?

Yes No

Please give details

Medical History

Please be aware that any offer of a internship will be subject to a satisfactory health assessment. A 'fitness to travel' certificate must be obtained from your GP along with documents certifying a health insurance.

Do you have any existing medical conditions?

Yes No

If yes, please give details.

Have you ever had a previous medical condition?

Yes No

If yes, please give details.

Do you take any medication regularly?

Yes No

If yes, please give details.

Do you have any objections or allergic reactions to vaccinations?

Yes No

If yes, please give details.

Reference:

Please give details of two referees. If you are currently a student you must submit two academic references. If you are a professional, two professional references will suffice.

A letter of reference must also be sent to us by email on: cbpb@agni.com, when you submit your application, with the attention to "Volunteering Programme". Your referee might be contacted prior to accepting your application.

Name:	Organization
Email:	Telephone no:
Fax:	Relationship:

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Email:	Telephone no:
Fax:	Relationship: