





8. Which area(s) do you volunteering in? Please circle.

Befriending

Counselling

Massage/Shiatsu

Healing/Reiki

Reflexology

Other/Specify

*(Volunteers offering counselling, massage therapies or healing must be qualified and insured, or nearing the end of an appropriate training course and under the supervision of a tutor)*

9. References: Please give the names, occupations, full address, and telephone numbers of two people who can provide references. One should be an individual who knows you on a professional basis.

***Referee 1***

**Occupation:**

**Title:**

**Full Name:**

**Full Address:**

**Postcode:**

**Telephone Numbers Daytime:**

**Mobile:**

***Referee 2***

**Occupation:**

**Title:**

**Full Name:**

**Full Address:**

**Postcode:**

**Telephone Numbers Daytime:**

**Mobile:**

10. Have you any serious illness or disability currently affecting you?

11. Do you have a criminal record YES / NO (delete as appropriate)

If so, please give details

I hereby confirm that the information given is to the best of my knowledge accurate and true.  
I further agree to checks being made with the Police Criminal Records Office.

Signed:

.....

Date:

.....

Please return completed form to:  
Complementary Cancer Care Trust  
3 Riverdale Road  
Bexley  
Kent DA5 1RD  
Tel/Fax: 01322 524079

[enquiries@ccctrust.org.uk](mailto:enquiries@ccctrust.org.uk)  
[www.ccctrust.org.uk](http://www.ccctrust.org.uk)