Provider Account Registration form

Thank you for getting in contact. Please complete all details in this form in order to have a provider account created on behalf of your organisation. Once registered, you will then be able to upload and advertise your opportunities directly to our website.

Please return this form to [SUVolunteering@worc.ac.uk](mailto:SUVolunteering@worc.ac.uk?subject=Create%20a%20new%20provider%20organisation) – For any queries please call 01905 543210

|  |  |
| --- | --- |
| **Organisation Details** | |
| **Name of Organisation:** | **Charity Number (if applicable):** |
| **Description/overview of organisation (max 600 characters):** | |
| **Organisation Contact Details** | |
| **Telephone Number:** | **Website Address:** |
| **Postal Address:**  **Postcode:** | |
| **Primary User Contact Information** | |
| **Contact Name** | **Contact Email Address:** |
| **Job Title:** | |
| **Additional Information** | |
| **Do you cover volunteer expenses?** | **Do you perform DBS checks for volunteers?** |

We aim to have your organisation registered within 2 working days from receiving your registration form. You will receive a notification of your account creation, followed by your username and password. All details can be updated through your profile once signed in.