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 – For any queries please call 01905 543210

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| **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.