

Application and registration to become a volunteer

Strictly confidential

If you require any help with this form please contact
 J Addison, Voluntary Services Manager

Your Details

Title

Name

Address

.....

Postcode

Tel no

Mobile no

Email

Date of birth

UK National Insurance no.....

Name of person to contact in an emergency

.....

Relationship to you

Tel no

Your volunteering

Which role are you interested in?

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.....

Do you have any previous experience of volunteering, or are you currently a volunteer? Please give details

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References

Please supply details of two referees. One referee should include your current employer. If you have not been in employment for a considerable period of time then you should seek a reference from your last known employer and a personal reference from a person of some standing in the community i.e. community leader, GP, support worker, tutor or teacher

Where it is not possible to obtain an employer reference then two personal references should be sought. You may not use family members.

Referee one

Name

Address

.....

.....

Postcode

Email:

Relationship to applicant

.....

How long have you known this person?

.....

Referee two

Name

Address

.....

.....

Postcode

Email:

Relationship to applicant

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How long have you known this person?

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Previous work experience or employment

Please give details of your current or most recent

Employer:

Employer name

.....

Type of business

.....

Dates from/to

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Duties/responsibilities

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General 'across the board' experience and qualifications/
other information you would like to add in support of your
application, for example, hobbies or interests?
(brief details).

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Availability

When are you available to volunteer? Please tick the days
and times that apply. (This is to provide an indication
of your availability).

Day	Morning	Afternoon	Evening
Mon			
Tues			
Weds			
Thurs			
Fri			
Sat			
Sun			

Which hospital are you interested in helping at?
Please tick

	Ashford		St. Peter's
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Nationality and immigration status

Are you a United Kingdom (UK), European
Community (EC) or European Economic Area
(EEA) National?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Non EU Nationals

Not all visas allow you to volunteer.

Please categorise your current immigration status.

<input type="checkbox"/>	HSMP/Tier 1	<input type="checkbox"/>	Work Permit/Tier 2
<input type="checkbox"/>	Indefinite leave to remain/enter	<input type="checkbox"/>	Tier 5 Temporary Workers
<input type="checkbox"/>	Student	<input type="checkbox"/>	Refugee
<input type="checkbox"/>	Dependant/Spouse visa	<input type="checkbox"/>	Clinical attachment visa
<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Post Grad Dr/Dentist
<input type="checkbox"/>	Working holiday visa/Tier 5 Youth Mobility	<input type="checkbox"/>	Other, please specify

Please supply details of any visa currently held and
confirm that the visa allows you to volunteer (if in
doubt you should check with the UK Border Agency).

Visa No

Start date

Expiry date

Does your visa have a condition restricting
employment or occupation in the UK?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Details of restriction

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Important information

All volunteers will be required to complete a Criminal Records Bureau Check (CRB).

Because of the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies. This requires you to declare all criminal convictions whether 'spent' or 'unspent'.

From 12 October 2009 under the terms of the Safeguarding Vulnerable Groups Act (2006), activity with children and vulnerable adults requires an enhanced CRB check. The CRB disclosure will include information against the Independent Safeguarding Authority barred lists for working with children and/or vulnerable adults.

The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Are you currently bound over or have you ever been convicted of any offence by a Court or Court-martial in the UK or in any other country?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, details of the conviction will be required and will be treated in the strictest confidence. Please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date. Please note: you do not need to tell us about parking offences.

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Has your name ever appeared on the Protection of Children's List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Children's List?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Has your name ever appeared on the Protection of Vulnerable Adults List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against Vulnerable Adults List?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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You will also be asked to complete the Trust's Health Questionnaire which may or may not result in you being asked to see the Occupational Health Doctor.

Disability information

If you have a disability, what support or reasonable adjustments do you think you will need to take up a volunteering post at the Trust?

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Declaration

I declare that the information I have given is true and complete. I understand that any false information may result in the withdrawal of any offer of voluntary role or my dismissal if accepted as a volunteer.

Signature

Date

Additional Information

If a voluntary placement is agreed the following details will be required to arrange an identity badge, name badge and car parking permit.

Two passport sized photographs

Photographs enclosed?

<input type="checkbox"/>	YES	<input type="checkbox"/>	To follow
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A name badge will be ordered using your first name and surname as given. Please indicate if you would prefer any other format

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Car Details:

Registration no

Please make an appointment to bring in your completed forms.

Monitoring information

In order to help us check the effectiveness of our commitment to equal opportunities we should be grateful if you would complete this section. It will be used for monitoring purposes only. NHS organisations recognise and actively promote the benefits of diversity in their teams and are committed to treating all employees and volunteers with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome all applications from all sections of the community.

Equality Act 2010

*** I would describe my ethnic origin as:**

White

- British
- Irish
- Any other white background

Black or Black British

- African
- Caribbean
- Any other black background

Asian or Asian

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

Mixed

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other mixed background

Other ethnic group

- Chinese
- Any other ethnic group

- I do not wish to disclose this

*** Please select the option which best describes your sexual orientation**

- Heterosexual
- Gay
- Lesbian

- Bisexual
- I do not wish to disclose this

*** Please indicate your religion or belief**

- Atheism
- Buddhism
- Christianity
- Jainism

- Sikhism
- Judaism
- Hinduism
- Other
- I do not wish to disclose this

*** Do you consider yourself to have a disability?** Yes No I do not wish to disclose

If yes, please state the type of impairment which applies to you. You may indicate more than one.

- Physical impairment
- Learning disability/difficulty
- Sensory impairment

- Mental Health problem
- Long-standing illness
- Other