

Volunteer Application form

If you would like this form in a different format or require help in filling in this form please contact:

Volunteer Coordinator

richard.hobbs@ghc.nhs.uk

0300 421 8363

**STRICTLY CONFIDENTIAL**

**PLEASE COMPLETE IN BLACK INK**

**PERSONAL DETAILS**

Title: Mr / Mrs / Miss / Ms / Dr / Other …………………

|  |  |  |
| --- | --- | --- |
| Surname: |  | Previous name: |
| Forename(s): |  |  |
| Address: |  |  |
|  |
| Postcode: |  | Home telephone: |
| Daytime telephone (if different) |  | Mobile telephone: |
| Email address: |  |  |
| National Insurance Number: |  | Date of Birth: |

**TYPE OF VOLUNTARY PLACEMENT REQUIRED**

|  |
| --- |
| Type of Placement Preferred: |
| Preferred Location: |
|  Date you could start: |
|  |
| **Availability** | **Mornings** | **Afternoons** | **Evenings** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

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| --- |
| Why do you want to volunteer?*Please state why you would like to be a volunteer, giving details of any previous work in a voluntary capacity, and any particular skills or interests. (Please continue on a separate sheet if necessary)* |
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**REFERENCES**

**Please supply details of 2 references known in the last three years**

Current or most recent employer

(including voluntary posts or education): Plus one other:

|  |  |  |
| --- | --- | --- |
| Name: |  | Name: |
| Position: |  | Position: |
| Address: |  | Address: |
|  |  |  |
|  |  |  |
| Email address: |  | Email address: |
| Telephone: |  | Telephone: |
| Relationship to applicant: |  | Relationship to applicant: |

Can we contact this person now? Yes No Can we contact this person now? Yes No

It is normal practice to take up references prior to placement. If you do not wish us to contact this person now, please indicate as shown. It is in your interest to seek their approval before quoting them as referees. Your referees may be your current employer, volunteer supervisor, teacher, tutor, community leader, GP, youth worker or support worker, you cannot use family members as referees.

**OTHER INFORMATION**

**Nationality and immigration status**

Are you a United Kingdom (UK) or European Community (EC) or European Economic Area

(EEA) National? Yes No

**Non-EU nationals**

Not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows you to volunteer (if in doubt you should check with the UK Border Agency)

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**Criminal convictions**

Because of the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies. As a volunteer you will be required to complete a Disclosure and Barring Service check (formally CRB check).

*Have you ever been convicted of an offence?* Yes 🞎 No 🞎

If yes, details of the conviction will be required and will be treated in the strictest confidence. Please supply details:

|  |
| --- |
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**Do you have a disability or health condition you would like us to know about?**

No 🞎 Yes 🞎 - please give details below

*To ensure that we do not create any barriers in our volunteer recruitment process and to help us implement our equal opportunities policy effectively, please let us know if you would like us to provide any particular assistance for your interview and volunteering placement. (Please continue on a separate sheet if necessary)*

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| --- | --- |
| **Do you speak any other languages?** |  |

**Any other relevant information to your volunteering placement:**

|  |
| --- |
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**This page contains conditions that will apply to your voluntary role within Gloucestershire Health and Care NHS Foundation Trust; and other information relevant to your role. Please read the following carefully:**

**Code of Confidentiality**

In compliance with the Data Protection Act 2018 and the Principles of Caldicott, all staff and volunteers are bound by a Code of Confidentiality which covers manual and electronic data. You have the responsibility for the safeguarding and confidentiality of information relating to patients; their relatives and carers and that of staff and colleagues. A breach of confidentiality may result in legal action being taken. You will continue to be bound by these conditions relating to confidentiality should you leave your voluntary role within GHC.

**Volunteer agreement**

If you are selected to be a volunteer within Gloucestershire Health and Care NHS Foundation Trust you will be asked to sign an honorary agreement informing you what you can expect from us, and what we can expect from you.

**Termination of placement**

Gloucestershire Health and Care NHS Foundation Trust reserves the right to terminate a volunteer placement with immediate effect in the following circumstances:-

* breach of confidentiality
* breach of volunteer agreement
* other misconduct

Gloucestershire Health and Care NHS Foundation Trust reserves the right to review any volunteer involvement and move volunteers to other placements within the organisation, subject to the volunteer’s agreement. If agreement cannot be reached, the placement will be terminated.

**Declaration**

|  |
| --- |
| I confirm that the details given in this application are, to the best of my knowledge, correct. I understand and accept the terms and conditions as set out above. |
| Signed: |  | Date: |
| Print Name: |  |  |

**DATA PROTECTION**

Please note that some of the information given will be kept on computer and will therefore be subject to the provisions of the Data Protection Act 2018.

**Please return your completed form to:**

Volunteer Co-ordinator, Human Resources, Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester GL3 4AW **Equal Opportunities**

**MONITORING EQUAL OPPORTUNITIES**

Gloucestershire Health and Care NHS Foundation Trust is committed to equal opportunities. In order to help us ensure this policy is being carried out, we would be grateful if you would answer the following questions. Please note, this information is confidential and will be used solely for monitoring purposes. This form will be detached on arrival and does NOT form any part of the selection process.

Application for post of: **VOLUNTEER** Name:

|  |  |  |
| --- | --- | --- |
| Hospital/Department: |  |  |

|  |  |  |
| --- | --- | --- |
| Are you? Male Female  |  | Date of birth: |

Do you have any caring responsibilities? Yes No

Marital status: Single Married Divorced Separated Widowed

**ETHNIC ORIGIN**

How would you describe your ethnic origin?

|  |  |  |
| --- | --- | --- |
| **White** British Irish Other | **Mixed** White and Asian White and Black African White and Black Caribbean Other | **Asian or Asian British** Bangladeshi Indian Pakistani Other |
| **Black or Black British** African Caribbean Other | **Other ethnic categories** Chinese Other | **Not stated** Not stated |

**NATIONALITY**

|  |  |
| --- | --- |
| Please state your nationality: |  |

**DISABILITY**

Do you consider that you have a disability as defined under the terms of the Equality Act 2010? Yes No

If yes, do you require any adjustments to be made to enable you to work?

**SEXUALITY**

Please tick the option which best describes your sexuality

|  |  |  |
| --- | --- | --- |
|  Heterosexual Lesbian Gay |  Bisexual I do not wish to disclose this |  |

**PLEASE INDICATE YOUR RELIGION OR BELIEF**

|  |  |
| --- | --- |
| * Atheism
* Christianity
* Jainism
* Judaism
* Other ……………………………………………….
 | * Buddhism
* Islam
* Sikhism
* Hinduism
 |

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