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| **For Office Use Only**Reference Number: |

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**VOLUNTEER APPLICATION FORM**

Details entered in this part of the form will be held by the Volunteer Co-ordinator

**Personal Details**

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| --- | --- |
| Title |  |
| Surname/Family Name |  |
| Forename (s)  |  |
| Preferred Forename (s) & Pronouns (eg. He/him, she/her, they/them or none ) |  |
| Address |  |
| Postcode |  |
| How long have you lived at this address? Please give details of all other addresses if less than 5 years  |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Preferred telephone number | 🞎 Home 🞎 Mobile  |
| Email Address |  |
| Details of Emergency contact(name / relationship and contact number) *Please note these details will be shared with your Placement Supervisor* |  |

**Role**

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| **Please state the type of role you are interested in:**Ward Volunteers 🞎 A&E Department Volunteer 🞎 Chaplaincy 🞎 Macmillan 🞎 Outpatient Volunteers 🞎 Patient Public Forum 🞎 Meet & Greet 🞎 Other 🞎**Please State which hospital you would prefer:**Worcestershire Royal Hospital 🞎 Alexandra Hospital 🞎 Kidderminster Treatment Centre 🞎  |
| What days / times are you available to volunteer?  |  |
| Why are you interested in volunteering for us? |  |

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| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? |
| 🞎 Yes 🞎 No |
| If you have answered ‘no’ above, you must answer these questions:  |
| Please select the category that relates to your current immigration status.  |
| * Highly Skilled Migrant Programme/Tier 1 🞎 Post Graduate Doctors and Dentists
* Indefinite Leave to remain/enter 🞎 Tier 5 Temporary Workers
* Work Permit/Tier 2 🞎 Tier 5 Youth Mobility/ working holiday visa
* Dependant / Spouse visa 🞎 Refugee
* Clinical attachment visa
* Tier 4 student 🞎 Other, please specify below
* Visitor

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| Please supply details of any visa currently held: |
| Visa No: Start Date: (DD/MM/YY)Expiry Date: (DD/MM/YY) Details of any Restriction: |
| Does your visa have a condition restricting employment or occupation in the UK? |
| 🞎 Yes 🞎 No |

**Experience**

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| Have you had any experience of volunteering?  | 🞎 Yes 🞎 No |
| If yes what?  |  |
| Previous work history- what skills / experience do you have?  |  |

**References**

Please provide the names and full contact details of the people who have agreed to supply references. Referees must have known you for at least 2 years and must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified.

**Referee 1**

|  |  |
| --- | --- |
|  Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| Surname/Family name |  | First Name |  |
| Relationship |  |
| Employer Name |  |
| Referee Job Title |  |
| Address |  |
| Post Code |  |
| Telephone |  | Country |  |
| Email |  | Fax |  |

**Referee 2**

|  |  |
| --- | --- |
| Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| Surname/Family name |  | \* First Name |  |
| Relationship |  |
| Employer name |  |
| Referee Job Title |  |
| Address |  |
| Post Code/  |  |
| Telephone |  | \*Country |  |
| Email |  | Fax |  |

**Relationships**

|  |  |
| --- | --- |
| Are you related to or in a relationship with any member of staff working for WHAT? If so please state the nature of that relationship. |  |

|  |  |
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| How did you hear about voluntary work within the Acute Trust?  |  |

**Declaration**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent removal from my role. I am aware of the confidential nature of voluntary work and I agree to respect the privacy of patients/staff/visitors and not divulge any confidential information.

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| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

**Parental Consent required if applicant is between 16-18 years old:**

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| I give my consent to the above applicant becoming a volunteer at Worcestershire Acute Hospitals Trust  |
| Signature |  |
| Name  |  | Date |  |
| Relationship to applicant  |  |

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013**

As a volunteer with WHAT you will be required to undertake a full enhanced DBS check for any activity which falls under the category of ‘regulated activity’. Having a criminal conviction will not necessarily preclude you from volunteering but it is important that you are honest with us and tell us. If you fail to tell us and we become aware of this, this could result in the loss of your voluntary role.

|  |
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| Have you been bound over, cautioned or convicted of any offence by a Court / Court Marshall?  |
| 🞎 Yes 🞎 No  |
| If Yes, please include details of the order binding you over, caution or conviction below including the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences. |
|  |
| Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children? |
| 🞎 Yes 🞎 No  |
| Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults? |
| 🞎 Yes 🞎 No  |

Further information and guidance regarding the Disclosure and Barring Service website at: [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

Where the position has, in addition, been identified as a regulated activity under the *Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012)* an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

**MONITORING INFORMATION**

WHAT recognises the benefits of having a diverse range of volunteers and therefore welcomes applications from all sections of the community. The following optional questions will assist us in monitoring volunteers against the ‘protected characteristics’ outlined in the 2010 Equality Act (age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation) and to ensure that no one is being unfairly discriminated against or disadvantaged.

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

|  |  |
| --- | --- |
| Please state your date of birth |  |
| Please indicate your gender | 🞎 Male 🞎 Female 🞎 I do not wish to disclose this  |

**The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.**

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| Please indicate your ethnic origin |
| **Asian or Asian British**🞎 Bangladeshi 🞎 Indian🞎 Pakistani🞎 Any other Asian background**Black or Black British**🞎 African🞎 Caribbean🞎 Any other Black background | **Mixed**🞎 White & Asian🞎 White & Black African🞎 White & Black Caribbean🞎 Any other mixed background**White**🞎 British 🞎 Irish🞎 Any other White background | **Other Ethnic Group**🞎 Chinese🞎 Any other ethnic group🞎 I do not wish to disclose this  |

**The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.**

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| Please indicate your religion or belief |
| 🞎 Atheism🞎 Buddhism 🞎 Christianity 🞎 Hinduism | 🞎 Islam🞎 Jainism🞎 Judaism🞎 Sikhism | 🞎 Other 🞎 I do not wish to disclose this |

**The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that your disability does not preclude you from volunteering.**

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|  Do you consider yourself to have a disability? | 🞎 Yes 🞎 No🞎 I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. |
| 🞎 Physical impairment 🞎 Learning Disability/Difficulty 🞎 Sensory impairment 🞎 Long-standing illness 🞎 Mental health condition 🞎 Other  |

**The Equality Act 2010 protects people who are married or in a civil partnership.**

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| Please indicate the option which best describes your marital status |
| 🞎 Married🞎 Single🞎 Civil partnership🞎 Legally separated | 🞎 Divorced🞎 Widowed🞎 I do not wish to disclose this |

**The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.**

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| --- |
| Please indicate the option which best describes your sexual orientation |
| 🞎 Lesbian🞎 Gay🞎 Bisexual | 🞎 Heterosexual🞎 I do not wish to disclose this |