

WORCESTERSHIRE ACUTE HOSPITAL TRUST

Volunteer Application Form

For Office Use Only
Reference Number:

APPLICATION FOR VOLUNTEERING

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

Personal Details

Title	
Surname/Family Name	
Forename (s)	
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	
Work Telephone	
Preferred telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email Address	
Details of Emergency contact (name / relationship and contact number)	

Role

Please state the type of role you are interested in:

Ward Volunteers A&E Department Volunteer Chaplaincy
Macmillan Outpatient Volunteers Meet and Greet
Other

Please State which hospital you would prefer:

Worcestershire Royal Hospital <input type="checkbox"/> Alexandra Hospital <input type="checkbox"/>	
Kidderminster Treatment Centre <input type="checkbox"/>	
What days / times are you available to volunteer?	
Do you have a current full driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a car / other transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Experience

Have you had any experience of volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes what?	
Previous work history- what skills / experience do you have?	

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have answered 'no' above, you must answer these questions:	
Please select the category that relates to your current immigration status.	
<input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor	<input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below <p>-----</p>
Please supply details of any visa currently held:	
Visa No: Expiry Date: (DD/MM/YY)	Start Date: (DD/MM/YY) Details of any Restriction:
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> 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	<input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> 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?	
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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.

I agree to the above declaration			
Signature			
Name		Date	

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

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.

Have you been bound over, cautioned or convicted of any offence by a Court / Court Marshall?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Further information and guidance regarding the Disclosure and Barring Service website at: 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 Freedoms 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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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.

Please indicate your ethnic origin		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> 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.

Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Other <input type="checkbox"/> 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.

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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'.	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other

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

Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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.

Please indicate the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this