<https://www.gloshospitals.nhs.uk/about-us/support-our-trust/volunteering/>

**NAME OF APPLICANT**

|  |  |
| --- | --- |
| **STRICTLY CONFIDENTIAL**  **Please complete in black ink or return to** [ghn-tr.voluntaryservices@nhs.net](mailto:ghn-tr.voluntaryservices@nhs.net)  Please ensure that all questions are answered as full as possible as incomplete applications may not be processed. |  |

**For office use only**

|  |  |
| --- | --- |
| Received |  |
| Site |  |
| Availability |  |
| Role |  |
| Interview date |  |
| Date interview details sent |  |
| MES number |  |
| **Other notes** |  |

**YOUR PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title | **Circle one**  Mr / Mrs / Miss / Ms / Dr / Other |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Landline Telephone Number |  |
| Mobile Telephone Number |  |
| Email Address |  |
| Address |  |
| Postcode |  |
| Term Time Address (if applicable) |  |

**EMPLOYMENT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Present or most recent employment (including Voluntary posts) | | | | | |
| Name of employer | |  | | | |
| Address of employer | |  | | | |
| Postcode | |  | | | |
| Post: | | From: | To: | | |
| **Are you currently or ever have been an employee of Gloucestershire Hospitals NHS foundation trust?** | | | | Yes | No |
| Role: | Department: | | | | |
| Line Manager: | | | | | |
| If left, reason for leaving: | | | | | |
| **Have you volunteered within Gloucestershire Hospitals NHS Foundation Trust before? If yes, give details of:** | | | | Yes | No |
| Role: | Department: | | | | |
| Date from: | Date to: | | | | |
| Reason for leaving: | | | | | |

**INTEREST IN VOLUNTEERING**

|  |
| --- |
| How did you learn about volunteering opportunities within the Trust? |
|  |

**YOUR AVAILABILITY**

It is helpful to have an idea of your availability when considering your application; however this will be discussed more at interview.

**Tick appropriate boxes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Morning** | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Afternoon** | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evenings** | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**LOCATION**

Tick One

|  |  |
| --- | --- |
| Gloucestershire Royal Hospital (GRH) only |  |
| Cheltenham General Hospital (CGH) only |  |
| Stroud Maternity (S) only |  |
| Tick all that apply |  |

**ROLES**

|  |
| --- |
| Which of our roles interests you? |

**SUPPORTING INFORMATION**

|  |
| --- |
| Please tell us about yourself including why you would like to be considered as a volunteer. Tell us about any skills and experience that think may be relevant including past or present volunteering posts.  **It is important and will help your application if you fill this in.** |

**REFERENCES**

Please give full contact details of 2 people who know you well (i.e. have known you over 2 years). These individuals cannot be related to you. The two referees should preferably know you in either an employment, volunteering or educational capacity.

Referees will be required to comment on your competence, personal qualities and suitability for the post.

|  |  |
| --- | --- |
| **REFEREE 1** | |
| Title |  |
| Name |  |
| Address (including company name if applicable) / Postcode |  |
| Telephone number |  |
| Email address |  |
| Relationship to applicant (e.g. friend) |  |
| How long have you known this person? |  |

|  |  |
| --- | --- |
| **REFEREE 2** | |
| Title |  |
| Name |  |
| Address (including company name if applicable) / Postcode |  |
| Telephone number |  |
| Email address |  |
| Relationship to applicant (e.g. friend) |  |
| How long have you known this person? |  |

**DISABILITY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| If you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview? | | | |
| Yes | No | I do not want to disclose |  |
| If yes, please give details: | | | |

|  |  |  |
| --- | --- | --- |
| What support or adjustment do you think you will need from us in order for you to take up a volunteering post at this Trust? | | |
|  | | |
| Do you have a caring responsibility? | Yes | No |

**NATIONALITY AND IMMIGRATION STATUS**

|  |  |  |
| --- | --- | --- |
| Are you a United Kingdom (UK) or European Union (EC) or European Economic Area (EEA) | Yes | No |
| Non-EU-Nationals | | |

|  |
| --- |
| Not all visas allow you to volunteer. Please supply details of any 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). |
|  |

**ETHNICITY**

**Tick One**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White – British |  | Any other mixed background |  | Black or black British – Caribbean |  |
| White – any other white background |  | Asian or Asian British – Indian |  | Black or Black British - Any other Black background |  |
| White other |  | Asian or Asian British – Pakistani |  | Chinese |  |
| Mixed – white and black Caribbean |  | Asian or Asian British – Bangladeshi |  | Any other ethnic group |  |
| Mixed – white and black African |  | Asian or Asian British - Any other Asian background |  | Not stated |  |
| Mixed – white and Asian |  | Black or black British - African |  |  |  |

**IMPORTANT INFORMATION – REHABILITATION OF OFFENDERS ACT 1974**

**Advice to volunteer**

Voluntary posts at this hospital are exempt from the provision of the above act. This means that you must disclose details about criminal offences, even if they are ‘spent’ under the act. Please state ‘No convictions to declare’ or make your declaration of convictions, cautions warnings and reprimands below. Please quote details below of any convictions of charges outstanding in respect of all offences (or alleged offences) including driving offences.

A part of our ongoing commitment to the continued safety of our patients, visitors and staff, please note that all successful candidates will be required to undergo a disclosure check, through the Disclosure and Barring Service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently bound over, or do you have any unspent convictions issues by a court or court Martial in the UK or any other country? | | | | | |
| Yes | No | If yes, please give details: | | | |
| Have you ever been convicted of any offences? | | | | Yes | No |
| If yes, details of the conviction will be required and will be treated in the strictest confidence. Please supply details to the Voluntary Services Manager in a sealed envelope marked private and confidential. | | | | | |
| Date: | | | Court: | | |
| Offence: | | | Sentence: | | |
| **Failure to declare a conviction as outlined above may result in termination of the volunteering agreement.** | | | | | |

This information will be treated as confidential. All Volunteers will be required to complete a disclosure application from the Disclosure and Barring Service.

**MEDICAL ASSESSMENT**

You will also be asked to complete the Trusts Health Questionnaire which may or may not result in you being asked to see the occupational health doctor. Your placement will be subject to a satisfactory medical assessment and/or examination. You may be required to have a medical examination from time to time. Any such examination will be carried out by appropriately qualified staff from the Occupational Health Department.

**Data Protection Act 1998 and Code of Confidentiality**

In order to assess your application and ensure a fair and consistent volunteering process, we need to collect relevant personal details. We comply with the Data Protection Action 1998 when collecting, holding, processing and using personal data that you provide. This means that your personal data will only be used in accordance with the act and will be treated in the strictest of confidence.

By signing this form you are consenting to GHNHSFT using your personal data in the ways described above. I understand that to the best of my knowledge, the information I have given in applying to become a volunteer is true and accurate. I also understand that any offer of a volunteer opportunity is conditional upon the accuracy of this information. I understand and accept the terms and conditions as set out above.

|  |  |
| --- | --- |
| Print Name: | |
| Signed: | Date: |
| Forms should be returned to the address below or email to [ghn-tr.voluntaryservices@nhs.net](mailto:ghn-tr.voluntaryservices@nhs.net) | |
| Voluntary Services Department  Gloucestershire Royal Hospital  Voluntary Services Manager  Great Western Road  Gloucester  GL1 3NN | |