# Volunteer Application Form

Thank you for considering volunteering with the Gloucestershire Hospitals NHS Foundation Trust. Please complete this form fully.

If you would like this document in alternative formats such as Easy Read or large print and/or would like assistance completing this form please call 0300 422 6648/ 0300 422 3451 or email: ghn-tr.voluntaryservices@nhs.net

All the information you provide on this form is confidential and will not be passed onto a third party. Gloucestershire Hospitals NHS Foundation Trust complies fully with Current Data Protection and Freedom of Information Legislation.

**\*Please note that applications might not be progressed to the next recruitment stage if they are not completed fully\***

Once completed please send by email or post.

Postal address: Email: [ghn-tr.voluntaryservices@nhs.net](mailto:ghn-tr.voluntaryservices@nhs.net) Voluntary Services Department  
Gloucestershire Royal Hospital  
Great Western Road  
Gloucester   
GL1 3NN

**FOR OFFICE USE ONLY:**

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

1. **Your personal details**

|  |  |
| --- | --- |
| Title |  |
| Mr. / Mrs. / Miss / Ms. / Dr. / Other |
|  |
| First Name |  |
|  |
| Surname |  |  |
|  |
| Gender |  |  |
| Ethnicity | |  |  |  | | --- | --- | --- | | **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 | |  |
| Religion or Belief | |  |  | | --- | --- | | * Atheism * Christianity * Jainism * Judaism * Other ………………………………………………. | * Buddhism * Islam * Sikhism * Hinduism | |  |
| Mobile telephone number |  |  |
|  |
| Home telephone number |  |  |
| Email Address |  |  |
|  |
| Address |  |  |
|  |
|  |
|  |
| Postcode |  |  |
|  |
| Term Time Address (if applicable) |  |  |
|  |
|  |

1. **Employment details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current or most recent employment/ voluntary role | | | | | |
| Name of employer |  | | | | |
|  |
| Address of employer |  | | | | |  |
|  |
|  |
| Postcode |  | | | | |  |
|  |
| Post: | From: | | To: | | |  |
|  |
| **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: | | | | | |  |
|  |

1. **Supporting information**

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| --- |
| **Please tell us about yourself, including why you would like to be considered as a volunteer. Tell us about any skills and experience that you think may be relevant, including past or present volunteering posts.** |
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1. **Which of our roles interest you?**

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| --- |
| For Example: Befriender, Outpatient clinic assistant, Ward based admin assistant, Activity Group Support, Stimulation Group, Ward helper, Welcomers/wayfinders, Office based admin assistance, Oncology Outpatient Support. |

1. **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 |
|  |  |  |  |  |  |  |

1. **Location**

Tick all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| Gloucestershire Royal Hospital (GRH) only |  | Cheltenham General Hospital (CGH) only |  |

1. **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 |  |  |
| 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 |  |  |
| How long have you known this person? |  |  |

1. **Accessibility**

The Equality Act 2010 protects people against discrimination on the grounds of:

* age
* disability
* sex
* gender reassignment
* race
* religion or belief, including no belief
* sexual orientation
* marriage and civil partnership
* pregnancy and maternity

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at: [www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010)

Reasonable adjustments will be made available should you be invited to interview

|  |  |
| --- | --- |
| According to the definition of disability do you consider yourself to have a disability? | |
| Yes | No |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the Personal Specification? | |
| Yes | No |
| Do you require any adjustments to be made to enable you to volunteer? | |
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| --- | --- | --- |
| Do you have a caring responsibility? | Yes | No |

1. **Nationality and immigration status**

|  |  |  |
| --- | --- | --- |
| Are you a United Kingdom National | Yes | No |
| Non-UK 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 must check with the UK Border Agency). | | |

1. **Important information**

**Rehabilitation of Offenders Act 1974**

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: |  |
|  |