

Application for Voluntary Work

The Trust welcomes applications from all groups and ages in society. Where appropriate a risk assessment may be undertaken to enable an appropriate judgement to be made on whether placing a person in a voluntary role would put them, or the people they work with, at risk.

Some applicants may find it more beneficial to accept a work placement in a particular area shadowing a member of staff, rather than volunteer work which may not provide experience in the appropriate area. A placement may be suitable for those looking for evidence to present to a future training programme or an NHS employer, if looking for a career in the NHS, or a health related career. Advice will be offered to applicants in these circumstances.

All information is strictly confidential

Personal details

Surname: Title: Mr / Mrs / Ms / Miss / Other

Forename(s):

Address:

.....

.....

Postcode:

Daytime Telephone No:

Home Telephone No:

Mobile:.....

Email address:.....

Employment history

Name and address of current or last employer or other voluntary organisation(s) you have been involved with (including dates)

.....

.....

.....

Tel No:.....

In what capacity were you employed?

.....

Are you currently involved in other voluntary work? Yes / No
If Yes, please give details

Have you ever undertaken voluntary work in the past? Yes / No
If Yes, please give details

Voluntary Work information

Why would you like to become a volunteer at the North Cumbria University Hospitals?
(Continue on separate sheet if needed)

On which site would you like to undertake voluntary work? WCH / CIC / either

Which area(s) would you prefer to work in?

In-patient ward areas

Out-patient areas

Specific departments eg, X-ray, Rehabilitation

Chaplaincy

Maternity

Other (please specify)

What days / times would you be available for voluntary work?
.....

References

We take up references for all applicants. Please give the names and full postal address (including postcode) or email address of 2 people who we can contact for a reference. Referees should be able to comment on your suitability for a voluntary role within a healthcare environment, and should be recent contacts. Ideally these should be recent line managers during employment/religious or cultural leader/teacher or tutor, case worker, community or social worker/family doctor. Please do not use family members.

1st Referee

Name:

Address:

Telephone No:

Relationship:

2nd Referee

Name:

Address:

Telephone No;

Relationship:

All posts where there is access to patients will be subject to an Occupational Health screen where necessary and Criminal Records Bureau (CRB) check where appropriate.

If you have approached a member of staff about Volunteering opportunities, please give their name / ward or department, so that we can pass your completed application form to them for consideration.

Name..... Ward / Dept

The information supplied on this form will be used and held in accordance with data protection principles and uses registered by the Trust. This includes comparison with existing data in particular for the purposes of preventing and detecting fraud

Thank you for your application, we will contact you in due course.

North Cumbria University Hospitals NHS Trust

APPLICATION FOR VOLUNTARY WORK

Details entered in this part of the form will be held in the Recruitment Section of the Trust and will be withheld from wider access.

Department	
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Personal Details

*Surname/Family Name	
*First Names	
Title	
UK National Insurance No	
Address	
*Postcode	
Home Telephone	
Mobile Telephone	
Work Telephone	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select the category that relates to your current immigration status. This status will be subject to checking before commencement. Not all visas allow you to volunteer. Please confirm that the visa allows you to volunteer. (If in doubt you should check with the UK Border Agency)	
<input type="checkbox"/> HSMP/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa Mobility <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Student <input type="checkbox"/> Visitor	<input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Working Holiday Visa/Tier 5 Youth <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below

Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently work in the NHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to have a disability	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what support or adjustments do you think you will need to take up a volunteering post at this Trust	

MONITORING INFORMATION

This section of the application form will be detached from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of volunteers in support of their equal opportunities policies.

NHS Organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

* I would describe my ethnic origin as:		
<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background <p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background <p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

* Please select 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

* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

<input type="checkbox"/>	Islam	
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* 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"/> Learning Disability/Difficulty
<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Long-standing illness
<input type="checkbox"/> Mental Health Problem	<input type="checkbox"/> Other

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Because of the nature of voluntary help given in health care, exemption under the Rehabilitation of Offenders Act 1974 may apply. This may mean that you are required to complete a Criminal Records Bureau Disclosure application.

Have you ever been convicted of an offence?

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

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You will also be asked to complete the Trust's Health Questionnaire, if offered a volunteer position, which may or may not result in your being asked to see a member of the Occupational Health Department's staff.

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

I agree to the above declaration



Signature			
Name		Date	

Where did you see this opportunity advertised?	
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