

## 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)

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.....  
.....  
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?

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### 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.

#### 1<sup>st</sup> Referee

Name:

Address:

Telephone No:

Relationship:

#### 2<sup>nd</sup> 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.