

HOSPITAL VOLUNTEER APPLICATION FORM

All information is strictly confidential

UHSM seeks to be an equal opportunities employer and is committed to ensuring that no volunteer applicant receives less favourable treatment on the grounds of gender, marital status, sexual orientation, age, colour, race, ethnic origin, disability or religion.

**Please confirm the hospital site you are applying to volunteer at:
Wythenshawe Hospital Site / Withington Community Hospital Site**

Part A – PERSONAL DETAILS

First Name(s):		Title:	
Surname:		Date of Birth:	
Address:		Postcode:	
Home Tel No:		Mobile No:	
Email Address:			
Name and telephone number for next of kin: Person to contact in case of emergency:			
Current / last place of work / study:			
Name of your Work / School / College Contact:			
Under 18's <i>If you are under 18, you will need parental/carer consent in order to volunteer at UHSM. Please give details of person to be contacted</i>			
Specific Voluntary role applied for:-	League of Friends; Ticker Club; RVS; Chaplaincy;		

Part B - REHABILITATION OF OFFENDERS ACT

PLEASE NOTE ALL ELIGIBLE VOLUNTEERS WILL BE SUBJECT TO A DISCLOSURE AND BARRING SERVICE CHECK.

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Any such information will be treated entirely confidentially and will only be considered in relation to applications for volunteer roles covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Any failure to disclose such conviction may result in you being unable to volunteer within the organisation.

Have you at any time received or had a caution or a pending court conviction? Yes / No

Have you at any time been withdrawn from a volunteering opportunity? Yes / No

If 'yes' to either of the above questions, please provide further details:

Do you agree to an application being made to the Disclosure and Barring Service (DBS)? Yes/ No

Part C – Additional Information

Why would you like to become a Volunteer at UHSM? *If you wish to do so, you can continue on a separate sheet.*

Do you have any previous volunteering experience? *Please give details.*

Skills & Interests:

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.....
.....

What type of voluntary role would you prefer at UHSM?

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.....
.....

Are you in good health? If No please give brief details on your Health & Wellbeing form	Yes / No
Are you registered disabled?	Yes / No
Do you require a work permit?	Yes / No
Do you have any restrictions on your right to work within the UK?	

Please confirm the days you are available. Please note wherever possible volunteers are required to commit to one three-hour session per week over a minimum period of approximately 12 months:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (Sign in from 8.00am - 1.00pm)					
Afternoon (Sign in from 1.00pm – 5.00pm)					
Evenings (Sign in from 5.00pm – 9.00pm)					

References

Please supply the names and addresses of two people who would be willing to provide a reference to confirm your suitability for voluntary work. One referee should be a recent employer or professional person. Family members, neighbours or friends are not accepted as referees. References can come from a religious/cultural leader, teacher/tutor, case worker, social worker, doctor or a previous or current employer / volunteer manager. Both should have known you for a minimum of 3 years and these referees should cover the last 3 years. However, if you are unable to provide references which meet this criteria please discuss this with the Volunteer Services Team.

Referee 1

Name

Address

Post Code

Tel No:

Email address

How known to you?

Referee 2

Name

Address

Post Code

Tel No:

Email address

How known to you?

Foundation Trust Membership

Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

Part D – Data Protection Act 1998

All Volunteer information is stored on a Volunteer Database within the Volunteer Service Department. This information will only be used in connection with your voluntary commitment to UHSM. Only the Volunteering team and senior members of the Charity/ team you wish to volunteer for will have access to this information. All information will be held in secure conditions.

Declaration:

To the best of my knowledge the details given on this application form are true and accurate. I understand that failure to provide accurate and complete information will be considered a very serious matter that may result in the ending of the volunteer placement.

Signed:

Date:

Part E - For Internal Use only

Staff/ Charity Declaration:

I confirm thathas been interviewed by

Please “process” this application further.

Signed:

Designation:

Date:

The completed form should be returned to:-

**Volunteer Services Office
UHSM NHS Foundation Trust
Ground Floor Baguley Residences
Southmoor Road
Wythenshawe
Manchester, M23 9LT**

(SW/GP April 2014)