

CONFIDENTIAL

Volunteer Registration Form

(We are unable to accept applications from anyone under 18 years old)

Title	(Mr/Mrs/Miss/Ms/Dr/Revd/Other (please specify):		
Surname/family name	First name(s)		
Date of birth:	Present occupation/status:		
Address:			
Email address:			
Home telephone	Work telephone	Mobile telephone	
In case of emergency contact	Name:	Tel:	
Relationship to this person:			

Skills and interests

What is your current occupation?

Why would you like to be a volunteer?

Have you undertaken voluntary work before? Yes ☐ No ☐

If yes, please give brief details:

Do you have particular skills, hobbies or interests you might be able to use as a volunteer?

Is there a particular type of voluntary activity or area in which you are interested? Please tick all that apply (please note, restrictions may apply).

<input type="checkbox"/> No preference	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Office/clerical/admin.	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Patient visitor	<input type="checkbox"/> Chaplaincy visitor
<input type="checkbox"/> Reception/Hospital guide	<input type="checkbox"/> Feeding Buddy
<input type="checkbox"/> Driving	<input type="checkbox"/> Patient tracker survey visiting wards
<input type="checkbox"/> Maternity Unit volunteer	

Availability

Please indicate WHEN you might be able to work by ticking the appropriate boxes: (Feeding Buddies: please denote whether breakfast (7am-8am)/lunch (12pm-1pm)/Snack round (2-3pm) Dinner (5pm-6pm))

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sun
Morning							
Lunchtime							
Afternoon							
Snack round							
Evening							

How did you hear about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> From a patient
<input type="checkbox"/> From a volunteer	<input type="checkbox"/> Volunteer bureau
<input type="checkbox"/> From a friend	<input type="checkbox"/> Other (please specify)

Section A (to be completed only if you are or have been employed as a health professional). If not, please continue to Section B.

Please delete as applicable:

1. Are you subject to an investigation/proceedings by a licensing or regulatory body in the UK or in any other country? YES/NO

2. Has your name been removed from the register or conditions made on your registration by the fitness to practice committee? YES/NO

If the answer to either of the above is YES Southend Hospital NHS Trust are unable to accept your application to become a hospital volunteer.

Rehabilitation of Offenders**Section B**

After the rehabilitation period set by the Court has elapsed, convictions become 'spent'. During the rehabilitation period set by the Court, convictions are referred to as 'unspent' and must be declared. The NHS undertakes not to discriminate unfairly against volunteers on the basis of a criminal conviction or other information declared.

Have you any unspent criminal convictions or bindovers or any police cautions, warnings or reprimands? ☐ YES ☐ NO

If you have answered YES to the above then you will be required to discuss the matter with the Voluntary Services Manager before proceeding with the application.

Referees. Please give the name and contact details, **including email**, of TWO adults whom we may contact as your referees, one of which must be an employer/ex-employer or someone in a professional capacity who has known you for at least 5 years. **Please note: personal references such as friends and relatives are not acceptable.**

1. (Mr/Mrs/Ms/Miss/Other) Name: Address: Postcode: Tel. no: Email: How do you know this person?	2. (Mr/Mrs/Ms/Miss/Other) Name: Address: Postcode: Tel. no: Email: How do you know this person?
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FOR OFFICE USE ONLY

	Sent	Received	Details sent out	Ward/dept	Outcome
R1					
R2					

If your registration to become a volunteer is successful, please tick what your mode of travel to the hospital would be:

☐ car ☐ public transport ☐ bicycle ☐ by foot ☐ other (please state)

Please read and sign the following declarations:

A

HEALTH DECLARATION

I am not aware that my past or current mental or physical health status would make hospital voluntary work detrimental to me or adversely affect any patient with whom I may come into contact.

To the best of my knowledge I confirm that I am in good health and that my record of immunisation (polio, tetanus, etc) is up-to-date.

Signed Date

B

PATIENT CONFIDENTIALITY DECLARATION

I accept that all information which might come to my knowledge, directly or indirectly, in the course of any voluntary work undertaken must be treated as strictly confidential and must not be imparted to any person including the patient/patients concerned.

Signed Date

I agree that the information provided in this form is correct to the best of my knowledge.

Signed Date

Thank you for completing the application form. Your details will be passed to the appropriate ward or department manager as soon as a suitable vacancy occurs. Please return the forms to:

**Christine Miller/Jane O'Connell
Voluntary services managers
Southend University Hospital NHS
Foundation Trust
The Lodge
Prittlewell Chase
Westcliff-on-Sea SS0 0RY**

Email:

For general volunteering placements:
volunteers@southend.nhs.uk

For feeding buddy placements:
Feedingbuddies@southend.nhs.uk

If sending via email, please post a signed paper copy in the post.

**We can be contacted by telephone on: 01702 435555
ext 6135**

**For Feeding Buddy co-ordinators tel: 01702 435555 ext
7857**

Form 2421