

CONFIDENTIAL

Return this form to:
 HR Department
 St. Andrew's Hospice
 Peaks Lane
 Grimsby DN32 9RP

ST. ANDREW'S HOSPICE
**APPLICATION FOR ONSITE
 VOLUNTARY ROLE**


Mr/Mrs/Miss/Ms/Other	First Name	Preferred Name	Surname
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Address Post Code Tel. No. Mobile Tel No. Email address.	Emergency Contact Details Address Post Code Tel. No. Relationship
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Date of Birth(This is required for Insurance purposes)

Have you a current driving licence? YES/NO Car available YES/NO	Have you any previous or present connection with the Hospice?
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Please tell us about any applicable previous employment or voluntary work

Please tell us why and where you would like to volunteer?

Please tell us about your skills and hobbies and how you believe they may help support the Hospice?

Where are you interested in volunteering in?

Indicate your preference 1 – 10 (1 being high)				Please select your regular availability			
Hospice Reception		Income Generation		Monday	AM	PM	Evening
Wellbeing Reception		Onsite Retail Store		Tuesday	AM	PM	Evening
HR Admin		Coffee Shop "Appetite"		Wednesday	AM	PM	Evening
Clinical Admin		Catering		Thursday	AM	PM	Evening
Wellbeing Admin		Premises & Household		Friday	AM	PM	Evening
Children's Support		Comp Therapy		Saturday	AM	PM	Evening
Adult Unit Support		Creative Therapy		Sunday	AM	PM	Evening
Wellbeing Support		Family Support					

Please complete legibly in your own handwriting in black ink

EMPLOYMENT OF RELATIVES - St Andrew's Hospice is committed to being an equal opportunities employer and recruiting the best person for the job and therefore welcomes applications from employee's relatives and partners however to ensure our recruitment procedures are transparent and avoid favoritism please state below any relationship you may have to an employee or volunteer.

References - Please give the name and addresses of two people who will act as a character reference for you. **NB:** These **must not** be members of your family.

Name	
Address	
Post Code	
Contact Number	
e-mail	

Name	
Address	
Post Code	
Contact Number	
e-mail	

How long have you know the referee?	
In what capacity?	

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In what capacity?	

ENHANCED DBS DISCLOSURE (Please read carefully before completing the questions below)

All volunteer positions based on the main site of the Hospice will be subject to an Enhanced Criminal Records Disclosure. The prospective volunteer will be required to sign specific forms to permit such checks. The questions below will need to be answered if you wish to volunteer in these areas of the Hospice. (If you are unsure regarding this section please contact the HR Department on 01472 350908).

THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any "spent" convictions. If you are unsure of the definition of "spent" please visit www.nacro.org.uk for further information.

Have you ever been convicted of a criminal offence?: YES/NO
 Are there any other proceedings pending against you? YES/NO

Have you been or are you the subject of any Police investigation, caution or conviction in this/any other country?

If YES, please give details:

Please note: A criminal record will not necessarily be a bar to obtaining a position with St Andrew's Hospice.

DECLARATION (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the Hospice the right to reject my application or to withdraw any voluntary post offered.

I also understand that anything I hear or learn, concerning individual patients or St Andrew's Hospice business in the course of my duty as a Volunteer, must be treated in the strictest confidence.

Signed.....Date.....

**ST. ANDREW'S HOSPICE
APPLICATION FOR A VOLUNTARY ROLE
SUPPLEMENTARY INFORMATION**

VOLUNTARY POST APPLIED FOR.....

Preferred Name	Last Name
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HEALTH DETAILS

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Please detail any form of medicine or treatment you are currently and/or regularly receiving.	Doctor's Name and Address.
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Do you have any disabilities, which may affect your volunteer duties? YES/NO

If YES, please give details.

If you have a disability please detail any reasonable adjustments that you believe may be needed either for interview purposes or to enable you to carry out the volunteer position applied for.

DECLARATION (please read this carefully before signing)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the Hospice the right to reject my application, to withdraw any volunteer role offered or ask you to leave without notice.
2. I agree that the information provided in this application form may be processed by the Hospice in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the Hospice may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the Hospice in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.
3. I declare that I am mentally and physically fit for the purpose of the volunteer role for which I am applying. I hereby give my authority for the Hospice to contact my own doctor for any further details of my state of health (we would discuss this with you first before approaching your doctor)

Signed:	Date:
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ST. ANDREW'S HOSPICE
EQUALITY AND DIVERSITY MONITORING

The Hospice is committed to an Equality and Diversity Policy. In order to monitor the effectiveness of this policy, all applicants are asked to complete this section. This information will not be used in the selection process and will be recorded on the HR system for the purpose of recruitment monitoring and production of statistics. All information will be held in confidence, and in accordance with provisions of the Data Protection Act (1988)

Ethnic Origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups. You might belong to any of the groups indicated. **How would you describe your ethnic origin?**

British		White and Black Caribbean		Caribbean	
Irish		White and Black African		African	
Welsh		Indian		Any other black background	
English		Any other mixed background		Chinese	
Scottish		Pakistani		Any other Chinese background	
Any other white background		Bangladeshi		Any other ethnic background	
White and Asian		Any other Asian background		Do not wish to declare my ethnic group	

Disability details

The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on their ability to perform normal day to day activities. It also covers people who have been diagnosed with HIV, cancer or multiple sclerosis.

('substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months, 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping).

Does this definition apply to you?

Yes

No

Do not wish to declare

NB: All recruitment documents are retained for 12 months. When an application for a volunteer position is successful, this form forms part of the volunteer's personal file. In cases where the application is not successful, the information is recorded as statistical data and this document is then destroyed.

Please complete legibly in your own handwriting in black ink