

CONFIDENTIAL

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

**APPLICATION FOR ONSITE
VOLUNTARY ROLE**



CONTACT DETAILS:

Title:	First Name:	Preferred Name:	Surname:
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Address: Post Code: Tel. No: Mobile Tel No. Email address.	Next of Kin / 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
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SKILLS AND PREVIOUS EXPERIENCE:

Have you any previous or present connection with the Hospice?

Please tell us about any applicable previous employment or voluntary work.

Please tell us why you would like to volunteer for St. Andrews Hospice.

Please tell us the applicable skills/experience you believe may help support your role at the Hospice.

IT / Computers <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Nursing <input type="checkbox"/>
Administration <input type="checkbox"/>	Hospitality <input type="checkbox"/>	Creative Arts <input type="checkbox"/>
People Services <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Welfare & Support <input type="checkbox"/>

Please add any further skills/experience you feel applicable:

VOLUNTEERING ROLE:

Please tell us the area of the hospice in which your skills would be beneficial.

Indicate your preferences 1-10 (with 1 being the highest.)

Administration Services

Human Resources	<input type="text"/>
Clinical Admin	<input type="text"/>
Income Admin	<input type="text"/>
Communications / IT	<input type="text"/>
Finance	<input type="text"/>
Reception	<input type="text"/>

Income Generation

Fundraising	<input type="text"/>
Lottery Collection	<input type="text"/>
Database Admin	<input type="text"/>
Events	<input type="text"/>
Retail Operations	<input type="text"/>
Bids & Grants	<input type="text"/>

Patient Services

Adult Unit Support	<input type="text"/>
Children Unit Support	<input type="text"/>
Day Services Support	<input type="text"/>
Creative Activities	<input type="text"/>
Complementary Therapy	<input type="text"/>
Family Support	<input type="text"/>

Premises

Household	<input type="text"/>
Maintenance & Gardens	<input type="text"/>

Catering

Kitchen Services	<input type="text"/>
'Appetite' Servery	<input type="text"/>

Other

Onsite Retail Shop	<input type="text"/>
Patient Driver	<input type="text"/>

REGULAR AVAILABILITY:

Monday	AM	<input type="text"/>	PM	<input type="text"/>
Tuesday	AM	<input type="text"/>	PM	<input type="text"/>
Wednesday	AM	<input type="text"/>	PM	<input type="text"/>
Thursday	AM	<input type="text"/>	PM	<input type="text"/>
Friday	AM	<input type="text"/>	PM	<input type="text"/>
Saturday	AM	<input type="text"/>	PM	<input type="text"/>
Sunday	AM	<input type="text"/>	PM	<input type="text"/>

Please add additional information:

(e.g. if you wish to volunteer during holidays / fortnightly etc.)

REFERENCES:

Please provide the contact details of two people who will act as a character reference for you, and where possible provide an e-mail address as this forms the securest way to request the required details in a timely manner. (**Please note:** these **must not** be members of your family.)

e-mail:

e-mail:

Name:

Name:

Address:

Address:

Post Code:

Post Code:

Tel No:

Tel No:

How long have you know the referee?

How long have you know the referee?

In what capacity?

In what capacity?

EMPLOYMENT OF RELATIVE:

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.

DATA PROTECTION (GDPR) STATEMENT:

St. Andrews Hospice, Grimsby will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the course of your volunteering with us (“the information”) will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our business.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role.

Following the completion of your voluntary role, ‘basic details’ (name, address and contact details) will be retained for a further 12 months in line with Care Quality Commission and ICO guidelines, after which time will be destroyed.

Therefore:

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner (ICO)

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

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

PERSONAL 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 understand that all volunteer positions based on the main site of St Andrews Hospice will be subject to an Enhanced Criminal Records Disclosure (DBS) with all successful candidates required to complete specific forms and application processes to permit such checks. All DBS processes conform to GDPR requirements and will be provided to candidates during the pre-check process.

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.....