

# Volunteer Application Form

**Thank you for considering volunteering with the Gloucestershire Health & Care NHS Trust. Please complete this form fully.**

All the information you provide on this form is confidential and will not be passed onto a third party. Gloucestershire Health & Care Trust complies fully with current Data Protection and Freedom of Information Legislation.


*\*Please note that applications might not be progressed to the next recruitment stage if they are not completed fully\**

If you would like this document in alternative formats such as Easy Read or large print and/ or would like assistance completing this form please call or email:

 **0300 421 8363**

 **Richard.Hobbs@ghc.nhs.uk**

Once completed, please email to Richard Hobbs or send by post to:

 **Volunteer Coordinator**, HR, Edward Jenner Court, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW

## For office use only

Received	
Site	
Availability	
Role	
Interview date	
Date interview details sent	dd/mm/yyyy
MES number	
Other notes	

## 1 - Your personal details

Title	
First Name	
Surname	
Home phone number	
Mobile phone number	
Email address	
Home address	
Postcode	
Term Time Address (if applicable)	

## 2 - Employment details

### Current or most recent employment/ voluntary role

Name of employer		
Address of employer		
Postcode		
Post held	From: dd/mm/yyyy	To: dd/mm/yyyy
Have you volunteered within Gloucestershire Health and Care NHS Trust before?	<b>Yes</b>	<b>No</b>
	If <b>yes</b> , please give details below	
Role		
Department		
Post held	From: dd/mm/yyyy	To: dd/mm/yyyy
Reason for leaving		

### 3 - Supporting information

**Please tell us about yourself, including why you would like to be considered as a volunteer. Tell us about any skills and experience that you think may be relevant, including past or present volunteering posts.**

### 4 - Which of our roles interest you?

## 5 - Your availability

It is helpful to have an idea of your availability when considering your application; however, this will be discussed more at interview.

**Please tick appropriate boxes.**

Mornings						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Afternoons						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Evenings						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## 6 - Location

Please indicate your preferred location

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## 7- References

Please give full contact details of 2 people who know you well (i.e., have known you over 2 years). These individuals cannot be related to you. The two referees should preferably know you in either an employment, volunteering or educational capacity.

Referees will be required to comment on your competence, personal qualities and suitability for the post.

### Referee 1

Title	
First Name	
Surname	
Phone number	
Email address	
Home address	
Postcode	
How long have you known this person?	

### Referee 2

Title	
First Name	
Surname	
Phone number	
Email address	
Home address	
Postcode	
How long have you known this person?	

## 8 - Disability Information

Do you consider that you have a disability as defined under the terms of the Equality Act 2010?	Yes	No
If yes, do you require any adjustments to be made to enable you to volunteer?		

## 9 - Nationality and immigration status

Are you a United Kingdom National	Yes	No
<p><b>Non-UK Nationals</b> - Not all visas allow you to volunteer. Please supply details of any currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows you to volunteer.</p> <p>(if in doubt you must check with the UK Border Agency).</p>		

## 10 - Important information - Rehabilitation of Offenders Act 1974

Voluntary posts at this hospital are exempt from the provision of the above act. This means that you must disclose details about criminal offences, even if they are 'spent' under the act. Please state 'No convictions to declare' or make your declaration of convictions, cautions warnings and reprimands below. Please quote details below of any convictions of charges outstanding in respect of all offences (or alleged offences) including driving offences.

A part of our ongoing commitment to the continued safety of our patients, visitors and staff, please note that all successful candidates will be required to undergo a disclosure check, through the Disclosure and Barring Service.

Are you currently bound over, or do you have any unspent convictions issues by a court or court Martial in the UK or any other country?	<b>Yes</b>	<b>No</b>
<b>If yes, please give details</b>		
Have you ever been convicted of any offences?	<b>Yes</b>	<b>No</b>
<p><b>If yes, please give details of the conviction below. They will be treated in the strictest confidence.</b></p> <p><b>If posting. Please supply details to the Voluntary Services Manager in a sealed envelope marked private and confidential.</b></p> <p><b>Failure to declare a conviction as outlined above may result in termination of the volunteering agreement.</b></p>		
Date	dd/mm/yyyy	
Court		
Offence		
Sentence		

This information will be treated as confidential. All Volunteers will be required to complete a disclosure application from the Disclosure and Barring Service.

## 11 – Medical assessment

You will also be asked to complete the Trusts Health Questionnaire which may or may not result in you being asked to see the occupational health doctor. Your placement will be subject to a satisfactory medical assessment and/or examination. You may be required to have a medical examination from time to time. Any such examination will be carried out by appropriately qualified staff from the Occupational Health Department.

### Data Protection Act 2018 and Code of Confidentiality

In order to assess your application and ensure a fair and consistent volunteering process, we need to collect relevant personal details. We comply with the Data Protection Act 2018 when collecting, holding, processing and using personal data that you provide. This means that your personal data will only be used in accordance with the act and will be treated in the strictest of confidence.

**By signing this form, you are consenting to GHC using your personal data in the ways described above.**

I understand that, to the best of my knowledge, the information I have given in applying to become a volunteer is true and accurate. I also understand that any offer of a volunteer opportunity is conditional upon the accuracy of this information. I understand and accept the terms and conditions as set out above.

First name	
Surname	
Date	dd/mm/yyyy
Signed	



## 12 - Monitoring equal opportunities

Gloucestershire Health & Care Trust is committed to equal opportunities. In order to help us ensure this policy is being carried out, we would be grateful if you would answer the following questions. Please note, this information is confidential and will be used solely for monitoring purposes. This form will be detached on arrival and does NOT form any part of the selection process.

<b>First name</b>		
<b>Surname</b>		
<b>Date of birth</b>	dd/mm/yyyy	
<b>Gender</b> (leave blank if you prefer not to say)		
<b>Do you have any caring responsibilities?</b>	<b>Yes</b>	<b>No</b>

<b>Marital status</b>				
Single	Married	Divorced	Separated	Widowed

<b>Ethnic Origin - how would you describe your ethnic origin?</b>			
<b>White</b>	British	Irish	Other
<b>Black or Black British</b>	African	Caribbean	Other
<b>Asian or Asian British</b>	Bangladeshi	Indian	
	Pakistani	Other	
<b>Mixed</b>	White and Asian	White and Black African	
	White and Black Caribbean	Other	
<b>Other ethnic categories</b>	Chinese	Other	
<b>Not stated</b>	Not stated		

<b>Nationality</b>	
<b>Please state your nationality</b>	

<b>Disability</b>		
<b>Do you consider that you have a disability as defined under the terms of the Equality Act 2010?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, please give details of any adjustments necessary for you to work?</b>		

**Sexuality** - please tick the option which best describes your sexuality

Heterosexual	Bisexual	Lesbian
Gay	Other	Prefer not to say


**Please indicate your religion or belief**

Atheism	Christianity	Jainism
Judaism	Buddhism	Islam
Sikhism	Hinduism	Other

## How to return your completed application form

Please return this form, together with your completed application form to:

 [Richard.Hobbs@ghc.nhs.uk](mailto:Richard.Hobbs@ghc.nhs.uk)

 **Volunteer Coordinator**  
HR, Edward Jenner Court  
Pioneer Avenue  
Gloucester Business Park  
Brockworth  
Gloucester  
GL3 4AW