**Volunteer Application Form**

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 01782 275033 or email

Veronica.Emlyn@northstaffs.nhs.uk

Thank you for considering volunteering with the North Staffordshire Combined Healthcare NHS Trust. Please complete this form as fully as you can. In some cases we get more volunteers applying for roles than we can use – shortlisting in this case will be based on those applicants whose qualifications, knowledge and experience mostly closely meet those of the Role Description.

All the information you provide on this form is confidential and will not be passed onto a third party. North Staffordshire Combined Healthcare NHS Trust complies fully with Current Data Protection and Freedom of Information Legislation.

To return this form by post please send to: **FreePost RSRS-YTLU-UBBY**, Volunteer Co-ordinator, The Patient Experience Team, Harplands Hospital, Hilton Road, Stoke-on-Trent, ST4 6TH, or if you have an electronic signature you can email your completed application to Veronica.Emlyn@northstaffs.nhs.uk

Please remember to fill in and return the separate Diversity and Equality Monitoring Form.

**1. Your details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename | Surname | Date of Birth |
|  |  |  | **DD/MM/YYYY** |

|  |  |
| --- | --- |
| Address |  |
| Postcode |  |
| Home telephone |  |
| Mobile |  |
| Email |  |

1. **How would you prefer us to contact you?** Email/ home phone/ mobile phone/ post
2. **Would you like to receive information from other parts of the Trust?** Yes/No
3. **Role and location of the volunteering post you are applying for** *(please write n/a if**you don’t yet know)***:**

|  |
| --- |
|  |

1. **If you know the location of the role you are applying for, please indicate how far you would have to travel (round trip) and your mode of transport.**

|  |
| --- |
|  |

**6. On which days and times are you able to volunteer?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**7. How did you hear about volunteering for North Staffordshire Combined Healthcare NHS Trust?**

|  |  |  |  |
| --- | --- | --- | --- |
| Trust website |  | Trust employment service |  |
| Word of mouth |  | Other employment service |  |
| Poster |  | Print media |  |
| Do-it website |  | College/School/University |  |

**8. Are you a customer of North Staffordshire Combined Healthcare NHS Trust? If so, which service do you use?**

|  |
| --- |
|  |

**9.Which best describes your circumstances?**

Employed or self-employed – unemployed - in full-time education/at college - looking after family/home/other care responsibilities - Retired - Other situation.

|  |
| --- |
|  |

**10. Who should we contact in case of an emergency?**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Contact numbers (home, Work, mobile) |  |

**11. References**

Please provide us with the details of two people who we may contact as referees. We will ask them about your suitability for volunteering. One of these should be a current or former employer if possible; otherwise a tutor/professional/person in authority is acceptable.

Please note that North Staffordshire Combined Healthcare NHS Trust is committed to safeguarding children and vulnerable adults.

Volunteer roles may be subject to a Disclosure and Barring Service (DBS) check.

|  |  |
| --- | --- |
|  | **Referee 1** |
| Name |  |
| Address |  |
| Email |  |
| Telephone |  |
| Relationship to this person? |  |

|  |  |
| --- | --- |
|  | **Referee 2** |
| Name |  |
| Address |  |
| Email |  |
| Telephone |  |
| Relationship to this person? |  |

**12. Why do you want to volunteer?**

(For example, are there specific skills you would like to develop during your volunteering?*)*

|  |
| --- |
|  |

**13. Please list any educational, vocational qualification and/or professional qualifications you have. Please also include knowledge and skills you could bring to the role:**

|  |
| --- |
|  |

**14. Declaration**

I declare that the information given in this application is a true and complete statement.

I understand that any offer of appointment and subsequent volunteering is subject to satisfactory references and satisfactory disclosure from the Disclosure and Barring Service at the appropriate level, where this is a requirement of the role.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

**Please save and return this completed form to** **Veronica.Emlyn@northstaffs.nhs.uk**

Or post to freepost:

**FreePost RSRS-YTLU-UBBY**

Volunteer Coordinator

The Patient Experience Team

Harplands Hospital

Hilton Road

Stoke-on-Trent

ST4 6TH

**Please also complete the Volunteer Programme Diversity and Equality Monitoring Form below**

**Volunteer Programme Diversity and Equality Monitoring Form**

North Staffordshire Combined Healthcare NHS Trust is committed to a policy of Diversity and Equality in its volunteer programme. This is to ensure that no potential or existing volunteer receives less favourable treatment than any other potential or existing volunteer on the grounds of age, race, sex, gender reassignment, religion and belief, sexual orientation, marriage and civil partnership, pregnancy and maternity or disability. This applies to all aspects of our volunteer practices including recruitment, training, career development and management.

However, North Staffordshire Combined Healthcare NHS Trust does have a particular role in respect to the recruitment of disabled people. It is therefore our policy to positively encourage the employment of disabled people and such applicants who meet the requirements of the vacancy will be guaranteed an interview.

In order to ensure this policy is carried out in practice, it is necessary to monitor our recruitment. This means noting the sex, origin and disability of all applicants.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Forename |  | Surname |  |

|  |  |
| --- | --- |
| Volunteer Role Description you are applying to (if known) |  |

**Impairments**

Do you consider yourself to have a disability or health condition, which would require us to make an adjustment?

Yes ☐ No ☐

To ensure our duty of care is fulfilled and any appropriate adjustments made, this information will be shared with your Volunteer Manager at your volunteering location. If you would prefer this information not to be shared, please notify North Staffordshire Combined Healthcare NHS Trust Volunteer Co-ordinator on 01782 275033 or cross this box ☐

**Ethnicity**

I would describe my ethnic origin as (please tick appropriate box):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White | ☐ | British | ☐ | Irish | ☐ | Other | ☐ |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Mixed | ☐ | White and | ☐ | White and | ☐ | White and | ☐ | Other | ☐ |
| Black |
| Black African | Asian |
|  |  |  |  |  |  |  |
|  |  | Caribbean |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Asian or Asian | ☐ | Indian | ☐ | Pakistani | ☐ | Bangladeshi | ☐ | Other | ☐ |
| British |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Black or Black | ☐ | Caribbean | ☐ | African | ☐ | Other | ☐ |  |  |
| British |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Chinese or | ☐ |  |  |  |  |  |  |  |  |
| other ethnic |  |  |  |  |  |  |  |  |
| group |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Gender**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male | ☐ | Female | ☐ | Transgender | ☐ | Prefer not to say | ☐ |
|  |  |  |  |  |  |  |  |

**Age range**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Under 18 | ☐ | 18-34 | ☐ | 35-50 | ☐ | 50-65 | ☐ | 65+ | ☐ |
|  |  |  |  |  |  |  |  |  |  |

Thank you for your help