

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

ST. ANDREW'S HOSPICE



APPLICATION FOR VOLUNTARY ROLE

Mr/Mrs/Miss/Ms/Other..... ...	Forename(s)	Surname
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Address Post Code Tel. No. Mobile Tel No. Email address.	Name of next of kin 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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Occupation Details
Previous employment / voluntary work

Why would you like to volunteer?

Please state your skills/hobbies/strengths

In which area of voluntary work are you interested?
Please mark roles in order of preference, starting with the number one.

Shops		Tea Bars	
Fundraising		Lottery collector	
Driving (Patient)		I.T. / Admin	
Driving (Retail)		Gardening	
Reception		Catering	
Family Support		Children's Support	
PAT Testing		Adult Support	
EBay Packing		Household	
Warehouse/Sorter		Website Support	

Availability – Please indicate when you may be regularly available (Please tick for best times and cross if unavailable)

Monday	AM		PM		Evening	
Tuesday	AM		PM		Evening	
Wednesday	AM		PM		Evening	
Thursday	AM		PM		Evening	
Friday	AM		PM		Evening	
Saturday	AM		PM		Evening	
Sunday	AM		PM		Evening	

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 nepotism 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 referees for you (not members of your family)

These references should be provided by responsible people, who have known you for a number of years (eg. Previous employer, Club or Social Committee member, Professional person)

1.Name	2.Name
Address	Address
Post Code	Post Code
Tel No.	Tel No.
Professional Capacity.....	Professional Capacity.....
How long has the referee known you?.....	How long has the referee known you?.....
Please tick to confirm that we are able to approach your referees for a reference <input type="checkbox"/>	

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

All volunteer positions within this organisation with the exception of our shops, tea bars and some external fundraising positions will be subject to an Enhanced Criminal Records Disclosure. The prospective volunteer will have to sign specific forms to permit such checks. The questions below will need to be answered if you wish to volunteer in any area of the Hospice with the exception of the roles stated above. (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 or any other country?	YES/NO
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 my work in the course of my duty as a Volunteer, must be treated in the strictest confidence.

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

**APPLICATION FOR A VOLUNTARY ROLE
SUPPLEMENTARY INFORMATION**

VOLUNTARY POST APPLIED FOR.....

Surname	Forename(s)
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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 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 post 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 employer 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 employer 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 employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer 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 role for which I am applying. I hereby give my authority for the employer 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)
4. I agree that the employer reserves the right to require me to undergo a medical examination.
5. I am not currently included (either provisionally or fully) on the list of persons considered unsuitable to work with vulnerable adults maintained by the Secretary of State for Health.
6. I give my consent for disclosure of an enhanced criminal record certificate.

Signed:	Dated:
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EQUAL OPPORTUNITY MONITORING

The Hospice is committed to a policy of Equal Opportunity. 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 only be disclosed to staff in the Human Resources Office who process the data. All information will be held in confidence, and in accordance with provisions of the Data Protection Act (1988)

ETHNIC ORIGIN
Which one of the following groups do you feel most adequately describes your ethnic origin? Choose one from the appropriate sections:

Section 1 White Black Asian Mixed

Section 2
 English Scottish Welsh Irish Other _____

Section 3
 White and Black Caribbean White and Black African White and Asian
 Any other mixed background _____

Section 4
 Indian Pakistani Bangladeshi Caribbean African
 Chinese Other _____

For the successful candidate the information will form part of their personal file. In the case of unsuccessful candidates, the data will only be used for statistical purposes.