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| **No** |  |  |
| Created by Ruth Salla & Emily Nolan. Responsible owner(s) Ruth Salla & Emily Nolan | | |
| Page layout | **Online form and downloadable word document** | |

**Volunteer Application Form**

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| **Volunteer Details:** | |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Email** |  |
| **Phone Number(s)** |  |
| **Date of Birth** |  |

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| **Work Experience / Volunteering Experience** | |
| **Date to and From** |  |
| **Organisation & Job Title / Role** |  |
| **Brief summary of duties undertaken** |  |

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| **Work Experience / Volunteering Experience** | |
| **Date to and From** |  |
| **Organisation & Job Title / Role** |  |
| **Brief summary of duties undertaken** |  |

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| **Referee Details**  You must provide a referee for any employment, study or volunteering covering your 3 year employment history. Please provide a minimum of 2 referees. |
| **Referee 1 (Current/most recent)** |
| **Reference Type (Employment/Educational/Character)** |
| **Referee Name** |
| **Relationship to Volunteer** |
| **Name of employer** |
| **Job title of employer** |
| **Address of employer** |
| **Telephone number** |
| **Email address** |
| **Dates employed to and from** |

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| **Referee Details**  You must provide a referee for any employment, study or volunteering covering your 3 year employment history. Please provide a minimum of 2 referees. |
| **Referee 2** |
| **Reference Type (Employment/Educational/Character)** |
| **Referee Name** |
| **Relationship to Volunteer** |
| **Name of employer** |
| **Job title of employer** |
| **Address of employer** |
| **Telephone number** |
| **Email address** |
| **Dates employed to and from** |

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| **Why do you want to volunteer with The Walton Centre Foundation Trust and what roles would you be interested in?** |
| **What availability do you have to volunteer?** |
| **How many hours would you be looking to volunteer? (please note; we require a minimum commitment of 2 hours per week over a 6 month period before references can be provided)** |
| **Emergency Contact Details**  **Name**  **Number** |

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| **DISABILITY**  **Do you consider yourself to have a disability or long-term health condition for which we may need to make adjustments? Yes / No**  **Please outline the disability or condition and advise us on how we can help and support you. Alternatively, this can be discussed at interview stage.** |

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| **Post Details**  **(To be completed by the Recruiting Manager)** |
| **Area of work** |
| **Does this post require a DBS check? Yes  No** |
| **If yes, which level of check is required? Standard**  **Enhanced and barred list check** |
| **If enhanced and barred list check, which barred list requires checking?**  **Vulnerable Adults  Children  Both** |

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| **Recruiting Manager Details** |
| **Name** |
| **Job Title** |
| **Contact Number** |
| **Date** |

**MONITORING INFORMATION**

This section of the application form will be detached from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of applicants and appointees to jobs and roles in support of their equal opportunities policies.

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees and volunteers with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome applications from all sections of the community.

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| \* Date of Birth |  |
| \* Gender | Male  Female  I do not wish to disclose this |

**Equality Act 2010**

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| \* I would describe my ethnic origin as: | | |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  **Black or Black British**  African  Caribbean  Any other Black background | **Mixed**  White & Asian  White & Black African  White & Black Caribbean  Any other mixed background  **White**  British  Irish  Any other White background | **Other Ethnic Group**  Chinese  Any other ethnic group  I do not wish to disclose this |

**Equality Act 2010**

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| \* Please select the option which best describes your sexual orientation | | |
| Lesbian  Gay  Bisexual | Heterosexual  I do not wish to disclose this | |
| \* Please indicate your religion or belief | | |
| Atheism  Buddhism  Christianity  Islam | Jainism  Sikhism  Judaism | Hinduism  Other  I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

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| \* Do you consider yourself to have a disability? | Yes  No  I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. | |
| Physical Impairment  Learning Disability/Difficulty  Sensory Impairment  Long-standing illness  Mental Health Problem  Other | |

**DECLARATION**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if volunteering for the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

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| I agree to the above declaration | | | |
| Signature |  | | |
| Name |  | Date |  |

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| Where did you see this role advertised? | | | |
| NHS Website  Search Engine | Local Newspaper  Hospital Doctor | GP  Jobcentre Plus | Radio  Other (please specify)…………………. |