

VOLUNTEER APPLICATION FORM

ROLE APPLIED FOR:

Personal Details:

Full Name:

Mr / Mrs / Miss / Dr / Ms:

Address:

Telephone (Home):

Postcode:

Telephone (Mobile):

Email:

Emergency Contact:

Name:

Relationship:

(E.g. Husband, Daughter, Parent)

Home Telephone:

Mobile:

Important Information - please read and complete:

Have you any previous Hospital / Hospice experience?

Choose an item.

If yes, in what capacity

.....

Do you require a work permit to work in the UK?

Choose an item.

Do you have the legal right to work in the UK?

Choose an item.

If 'Yes' and there are conditions attached, e.g. start or finish dates, please specify

DISCLOSURE & BARRING SERVICE

All posts within the Hospice are subject to a Standard, Enhanced or Enhanced with check against the barred list, whichever level is appropriate to the role.

Do you have any unspent convictions, cautions, reprimands or warnings?

Choose an item.

REHABILITATION OF OFFENDERS (1974 Act) Exception Order 1975 (2013)

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these Cautions and Convictions can be found on the Disclosure & Barring Service website www.gov.uk/dbs

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. A criminal record will not necessarily be a bar to obtaining a position.

PROFESSIONAL CONDUCT

Are you currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health / social care professionals including such a regulatory body in another country? Choose an item.

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following a fitness to practice investigation by a regulatory body, in UK or another country? Choose an item.

Professional Misconduct will be considered carefully at recruitment and will not necessarily be a bar to obtaining a position. **You will be required to give full details of the above at interview.**

DECLARATION

By typing my name in the box below, I am declaring that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading the Hospice has the right to dismiss me from volunteering duties. I also understand that any offer is subject to satisfactory references, disclosure and barring service check and production of requested documentation.

Signed

Date

If you become a volunteer with Queenscourt Hospice, this form will be kept in your volunteer file, and some details (personal information) will be held on our volunteer database. Personal information requested from the Disclosure & Barring Service will be retained securely only for as long as it is relevant. All personal data will be held securely and used in accordance with the Data Protection Act 1998. The Hospice does not pass personal data to any other organisations.

How would you like to hear from us?

In order to keep you updated of information relevant to your volunteering role, including available volunteer shifts and the monthly round up of Queenscourt News known as the Court Circular, we will need to contact you. Please indicate your communication preferences using the boxes below:

Email Communication

Yes No

Postal Communication

Yes No

Text Messages

Yes **No**

Telephone Call

Yes **No**

Skills and Experience:

What is your current/former occupation?

Please tell us why you are interested in volunteering at Queenscourt:

Please describe any voluntary work experience you may have had:

Please describe relevant experience, training and qualifications that you may have:

Please inform us of any health issues or disabilities that we may need to accommodate in your role

Have you suffered a bereavement of a close relative or friend in the past 12 months? Please give brief details.

References:

Please give the details of two referees (over the age of 18 and not relatives) who have known you for at least 12 months. If you are volunteering as part of the 'Employer-Supported Volunteer Scheme', you may supply just one reference from your employer.

1. Name:	<input type="text"/>	2. Full Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

Confidentiality Statement

Queenscourt encourages a climate of openness where we can express our views freely and so help to maintain high standards. We have a binding obligation not to disclose information concerning patients' diagnosis, treatment or personal information, or to disclose information relating to members of staff.

We all of us have a duty of confidentiality to patients and their families. Unauthorised disclosure of personal information about patients or their families is regarded as a most serious matter, even where we believe we are acting in the best interests of the patients or their families when doing so. All information about patients, their condition, their family or circumstances is confidential. It should not be discussed even within the hospice unless it is a necessary part of the patients care. Any such disclosures other than to staff immediately and properly concerned will be regarded as a serious breach of discipline.

The Corporate Services Director is the appointed Information Guardian to whom any possible breaches or risk of breaches of confidentiality should be reported.

**I agree to keep all matter concerning
Queenscourt, its patients and staff in complete
confidence and have read and understood the
Confidentiality Statement above.**

(Please check this box to confirm)

Confirmation Date:

EQUAL OPPORTUNITY MONITORING FORM

Queenscourt Hospice is committed to equal opportunity in its recruiting policy, practices and procedures. To help us to implement and monitor this policy we would appreciate you completing this form.

Completion of this questionnaire [will not form any part of the recruitment process](#). The form will be separated from your application form on receipt and the information will be collated separately and used [solely for monitoring purposes](#).

Volunteer role you are interested in:

Gender (please check the appropriate box)

Would you describe yourself as:

Male

Female

Prefer not to say

Disability (please check the appropriate box)

Do you consider yourself to have a disability?

Yes

No

Prefer not to say

Religion and Belief (please check the appropriate box)

Please tick the box that describes you:

Atheism

Buddhism

Christianity

Hinduism

Islam

Jainism

Judaism

Sikh

Other

Prefer not to say

Ethnic Monitoring (please check the appropriate box)

How would you describe yourself?

White

British

English

Irish

Scottish

Welsh

Any other White background

Asian or Asian British

Bangladeshi

Indian

Pakistani

Any other Asian background

Mixed Heritage

White and African

White and Asian

White and Black Caribbean

Any other Mixed background

Black or Black British

African

Caribbean

Any other Black background

Chinese and Other Ethnic Groups

Chinese

Any other Ethnic group

Prefer not to say

Sexual Orientation (please check the appropriate box)

What is your sexual orientation?

Bisexual

Gay man

Gay woman/Lesbian

Heterosexual

Other

Prefer not to say

Age (please check the appropriate box)

What age group are you in?

16 – 25

26 – 30

31 – 35

36 – 40

41 – 45

46 – 50

51 – 55

56 – 60

61 – 65

66+

Prefer not to say

Please ensure a completed copy of this form is submitted with your application form. If you do not wish to provide any details, we would ask that you tick the 'Prefer not to say' box and submit with your application form.