**Volunteer Application**

Chelsea and Westminster Hospital NHS Foundation Trust, welcomes applications from all sections of the community regardless of; age, ethnicity, gender, marital status, religion, disability or sexual orientation.

We encourage applications from our local community, to enable community experience and nurture an interest in healthcare.

**Please complete this form in TYPE or BLOCK CAPITALS**

**If you wish for any assistance in completing this form then please contact the Volunteer Office on: 020 3315 8489**

Please return the completed form by **e-mail:** [**volunteering@chelwest.nhs.uk**](mailto:volunteering@chelwest.nhs.uk)

**Which role are you applying for? Location (please delete):**

**Chelsea and Westminster / West Middlesex**

**Personal Information**

SURNAME:

TITLE: **MR MRS MISS MS** OTHER:

FIRST NAME/S:

ADDRESS:

ARE YOU 16 OR ABOVE? YES NO

TEL (HOME): MOBILE:

EMAIL:

POSTCODE:

**How did you hear about volunteering?**

Word of mouth Volunteer Centre

School/college/university Volunteer Website (V Inspired,Do It etc.)

Event Media (newspaper)

Leaflet Patient / relative was treated at the Hospital

Other (please specify :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Supporting Statement**

Please tell us why you are interested in becoming a volunteer with Chelsea and Westminster NHS Foundation Trust.

What skills and qualities will you bring to the role you are applying for? Include any hobbies or interests you have which are relevant to the role.

**Language skills**

Please provide details of any language skills you have including fluency – speaking, reading, and writing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Name of organisation or Charity | Role / Main duties | Length of time | |  |  |  |   **Have you volunteered before?**  YES NO If Yes please complete the following section |

|  |  |
| --- | --- |
| **If you have a disability**, do you require any reasonable adjustments to be made during the recruitment process, including interview? If YES, please provide details of any reasonable adjustments / requirements below: | YES NO |
|  | |

**When are you available?**

Please enter an X in the box/ boxes beside your choice. A weekly shift time will be allocated based on your availability

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY OF THE WEEK** | **MORNING** **Between 9 am to 1pm** | **AFTERNOON** **Between 1pm to 5pm** | **EVENING** **Between 5pm to 9pm** |
| MONDAY |  |  |  |
| TUESDAY |  |  |  |
| WEDNESDAY |  |  |  |
| THURSDAY |  |  |  |
| FRIDAY |  |  |  |
| SATURDAY |  |  |  |
| SUNDAY |  |  |  |

**References**

Please give details of two people who we may approach if called for interview and who are able to provide references relating to your experience and suitability to this post. **Reference must cover at least 1 year.**

**The referees should be your two most recent employers (including voluntary work) including your current one and must hold positions of direct responsibility relative to you (friends and family may not be submitted as referees.)**

**If not working please provide character reference from somebody outstanding in the community**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: Mr/Mrs/Miss/Ms |  |  | NAME: Mr/Mrs/Miss/Ms |  |  |
| ADDRESS: |  |  | ADDRESS: |  |  |
| TELEPHONE: |  |  | TELEPHONE: |  |  |
| **E-MAIL:** |  |  | **E-MAIL:** |  |  |
| POSITION |  |  | POSITION |  |  |
|  |  |  |  |  |  |

**Emergency Contact**

Please give details of someone we may contact in case of emergency

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: Mr/Mrs/Miss/Ms |  |  | E-MAIL: |  |  |
| ADDRESS: |  |  | TEL (WORK) |  |  |
|  |  | TEL: (HOME) |  |
|  |  | TEL (MOB) |  |
|  |  |  | RELATIONSHIP TO YOU | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Have you previously worked or volunteered within Chelsea and Westminster Hospital NHS Foundation Trust (this includes both Chelsea and Westminster and West Middlesex University Hospital) | YES NO |
| Are you related to a member or officer within Chelsea and Westminster Hospital NHS Foundation Trust? | YES NO |
| Are you legally entitled to work in the UK?  (This will not necessarily prevent you from volunteering. We are happy to discuss any particular circumstances) | YES NO |

**Rehabilitation of Offenders Act 1974**

I confirm that to the best of my knowledge the details given are correct. I understand that the post applied for is NOT protected by the Rehabilitation of Offenders Act 1974 and that I must disclose all information about all convictions (if any) in a Court of Law, no matter when and where they occurred, after completing this form and before taking up any volunteering offered to me. Due to the special nature of some posts, prospective volunteers will be subjected to a Criminal Record Bureau check.

|  |  |
| --- | --- |
| Are you currently bound over or have you ever been convicted of a criminal offence in the UK or any other country? | YES NO |
| Are you aware of any current Police investigation in the UK or in any other country following allegations made against you? | YES NO |

It is now a criminal offence for individuals barred by the ISA (Independent Safeguarding Authority) to work or apply to work with children or vulnerable adults (this includes voluntary work). We are therefore legally required to ask volunteer applicants to declare whether or not they are barred by the ISA.

Please tick this box **if you are barred** by the ISA to work or volunteer with children or vulnerable adults

**Data Protection**

In accordance with the Trust’s privacy notice, the Trust will hold computer records and files relating to you which contain personal data. The Trust will comply with its obligations under the General Data Protection Regulation and all other data protection legislation. The data the Trust holds will include application details, references and other records, (which may, where necessary, include special category data and criminal offence data relating to your health, data held for ethnic monitoring purposes, and regarding DBS checks). The Trust requires such personal data for administration and management purposes and to comply with its obligations regarding the keeping of volunteer records. The privacy notice sets out the Trust’s legal basis for processing your personal data. Your rights of access to this data are prescribed by law.

You will familiarise yourself with the Trust’s data protection policy which sets out its obligations under the General Data Protection Regulation and all other data protection legislation. You must comply with the Trust’s data protection policy at all times and you agree that you will only access the systems, databases or networks to which you have been given authorisation. The Trust will consider a breach of its data protection policy by you to be a gross misconduct and would lead to the Volunteering Manager following the Problem Solving policy. You should also be aware that you could be criminally liable if you disclose personal data outside the Trust’s policies and procedures. If you have any queries about your responsibilities in respect of data protection you should contact the Trust’s Data Protection Officer.

I declare that the information given on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of voluntary role or my dismissal if accepted as a volunteer.

SIGNED DATE