Greenwich & Bexley Community Hospice



185 Bostall Hill, Abbey Wood, London, SE2 0GB

Telephone: 020 8312 2244

Email: volunteersdept@gbch.org.uk

**VOLUNTEER APPLICATION FORM**

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| **ROLE APPLIED FOR:** |  |
| **PERSONAL DETAILS***Please complete in full* |
| **Full name:** |  |
| **Title:** Mr, Mrs, Ms, Miss, Dr, other *(please state)* |  |
| **Home telephone number:** |  |
| **Mobile telephone number:** |  |
| **Home address:** |  |
| **Postcode:** |  |
| **Email address:** |  |
| **Emergency contact’s name:** |  |
| **Emergency telephone number:** |  |
| **Emergency mobile number:** |  |

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| **APPLICATION INFORMATION** |
| Please state which department or shop you are interested in:*Volunteers that will have direct patient contact or will drive are required to complete an Occupational Health check*  |  |
| Your availability: | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** | **varies** |
| am | pm | am | pm | am | pm | am | pm | am | pm | am | pm | am | pm |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Experience, learning and skills:** |
| **Information to support your application:** |
| **Have you been bereaved within the last 2 years?** | **Yes / No** *(please state)* |
| **If yes, please specify:** |  |
| **Do you have any links to the second-hand trade?** | **Yes / No** *(please state)* |
| **If yes, please specify:** |  |
| **CRIMINAL RECORD DISCLOSURE***Any information given will be confidential and will not necessarily disqualify you from voluntary work but will be taken into account when assessing your suitability. Having a criminal record will not automatically bar you from volunteering with us, depending on the circumstances and following discussion with you.**Volunteers at the Hospice are exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975* |
| **Have you ever had any previous criminal convictions, spent or unspent?** | **Yes / No** *(please state)* |
| **If yes, please give details:** |  |
| **It is Hospice policy to obtain a Disclosure Barring Service report for all volunteers who would have direct contact with vulnerable adults and / or children** |

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| HEALTH DECLARATION – CONFIDENTIAL*Do you have a health condition (physical or mental) or are you on any medication which may affect your ability to carry out your voluntary role at Greenwich & Bexley Community Hospice?* |
| **If yes, please give details:***We may ask you to contact your GP Surgery for a letter confirming that you are fit to undertake the tasks within your volunteer role description. To ensure your safety and that of others, we are not able to offer you a start date until we are satisfied that you are medically fit to undertake this role.* |  |
| If no, please complete the general declaration statement below:*If there are changes to your health that may affect your ability to volunteer, you are obliged to inform the Hospice immediately. Failing to provide this information may invalidate any insurance cover that is provided for you by Greenwich & Bexley Community Hospice.* |

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| **GENERAL DECLARATION** |
| I confirm that to the best of my knowledge all the information I have given is true and I understand that any false statement or failure to declare any relevant information may result in my volunteer role with the Hospice being discontinued. I give consent for my personal information to be processed in relation to my application in line with the General Data Protection Regulations 2018. I understand the information given in this form will only be used by Greenwich & Bexley Community Hospice in relation to my application and if unsuccessful, I accept that my details will be retained by Greenwich & Bexley Community Hospice for a period of six months. By agreeing to this declaration I am giving my express consent for you to retain and process this information under the General Data Protection Regulations 2018. If you agree with the above statements, tick here: [ ]  Date: ……………………………………………………………..…… *Before you start volunteering, you will be asked to sign below to confirm that you agree with the general declaration statement above.*Signature: ………………………………………………………………………………Date: ……………………………………….……………………..……. |
| **VOLUNTEERS ON BENEFITS**If you are intending to volunteer while you are also receiving Benefits of any kind, including Job Seekers’ Allowance, you are advised to inform your Benefits Office Advisor, who will be able to inform you of current rules. |

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| **RIGHT TO VOLUNTEER (WORK) IN THE UK** |
| **Do you have the right to volunteer in the UK?***If you are from outside the EU, please check your Visa* | **Yes / No** *(please state)* |
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| **REFERENCES***Please give the contact details of:** *Two UK-based referees who are not members of your own family*
* *who have known you for at least two years*
* *who are in a position to comment on your reliability, trustworthiness and suitability for your volunteer role*
* *A referee might be an employer, colleague, teacher or neighbour etc.*
* *Referees based outside the UK will only be accepted with their email address*

**Please check with both Referees that they are willing to act as a Referee** |
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| **REFEREE ONE** |
| Name: |  |
| Title: Mr, Mrs, Ms, Miss, Dr, other *(please state)* |  |
| Address: |  |
| Postcode: |  |
| Contact telephone number:  |  |
| Email address: |  |
| In what capacity do you know this referee? |  |
| **REFEREE TWO** |
| Name: |  |
| Title: Mr, Mrs, Ms, Miss, Dr, other *(please state)* |  |
| Address: |  |
| Postcode: |  |
| Contact telephone number:  |  |
| Email address: |  |
| In what capacity do you know this referee? |  |
| **DETAILS OF NEXT OF KIN***This information will be held on your personal file in the Volunteers’ Department and used in only in an emergency. Please inform the Volunteers’ Department of any changes to your contact details as soon as they arise.*  |
| **Name:** |  |
| **Title:** Mr, Mrs, Ms, Miss, Dr, other *(please state)* |  |
| **Relationship:** *(please state)* |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Numbers of your Next of Kin:** | **Home:** |  |
| **Work:** |  |
| **Mobile:** |  |

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| **EQUAL OPPORTUNITIES MONITORING***This information is used only for the purposes of ensuring the effectiveness of the Hospice’s Equal Opportunities Policy, a copy of which is available on request. This information is confidential and will be kept on our computer database. It does not form part of the recruitment process.*  |
| Gender: Male, Female, prefer not to say *(please state)* |  |
| **Date of birth:** |  |
| **Nationality:** |  |
| How would you describe yourself?*The following categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring the UK. We recognise that specific categories may not be appropriate for everyone. If this is the case, please tick ‘other ethnic group’ below* |
| **White:** British*(English, Scottish or Welsh),* Irish or any other White background *(please state)* |  |
| **Mixed Race:** White & Black Caribbean, White & Black African, White & Asian or any other Mixed background *(please state)*  |  |
| **Asian or Asian British:** Indian, Pakistani, Bangladeshi or any other Asian background *(please state)* |  |
| **Black or Black British:** Caribbean, African or any other Black background *(please state)* |  |
| **Chinese or other ethnic group** *(please state)* |  |
| **Do you consider yourself to have a disability / impairment?** *If yes, please specify and discuss any particular needs in relation to your disability with your Line Manager.* | **Yes / No** *(please state)* |
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