





Volunteer Application Form

If you need this form in large print or another format, or need help to fill it in, please ask the Volunteer Service.

Please note: to volunteer with IOW NHS Trust, you must be at least 16 years of age.

Contact details

Title/s (please circle)	Date of Birth
Mr Mrs Ms Miss	
Other (please state)	
First name/s	Last name
Address (include postcode)	Email
National Insurance number	Telephone number

Emergency contact details

Name of person to contact in an emergency	Telephone number of person to contact in an emergency
Relationship to you	







Personal Profile

Employment status (please tick):

Employed full time		Employed part time		Reti	etired			
Unemployed		Student		Othe	ther			
			·					
Do you consider yourself to have a disability? (Please tick) Yes No							No	
_	ample	equirements we need t , you may need large p l:						_
Are you a British or Ir	ish Nat	tional, or a European U	nion (EU)	•				
European Economic Area (EEA) or Swiss National? (Please tick) Yes					No			
Visas (Please specify details of any relevant visa currently held)								
Visa number			Does your visa have a conditional restricting employment or occupation in the UK?					
Start date		Ex	oiry date					
Education & Profession	onal Q	ualifications and/or Rel	vant Trai	ning C	Courses	Attend	ed	







Employment History

Employer name	Employer Address			
Email address	Telephone number			
Your Job Title				
Start Date	End date			
Reason for Leaving				
Brief description of your duties and responsibili	ties			
Employment Gaps – if you have any gaps in e	employment history, please state reason below.			
Pofor				
<u>References</u>				
Please give the details of two referees who know you well and are not a relative that can cover a total of the last 5 years:				
Referee 1				
Name	Address			

Telephone number

Period this reference covers

Email address

Relationship to you







Referee 2

Na	me	Address		
Email address		Telephone nu	ımber	
Re	lationship to you	Period this re	ference covers	
	and the year			
If v	ou are applying for a specific volunteering	na rolo2 lf so	place enecify below	
		ig role: II so,	please specify below.	
H	Ward Helper Community First Responder			
	Main/North Reception / Meet and Greet			
	Administration			
	Ambulance Service (General) Volunteer			
	Other (Please provide details in the Support	rting Informatio	n box below).	
	Not decided	.	,	
<u>Su</u>	pporting Information			
<u>Ph</u>	otographic consent			
I confirm that I agree for photographs or other images of me to be taken whilst volunteering and for these to be used by the Trust for the purpose of training, public awareness, and promotional reasons. I understand that I will not receive any financial reward for such use.				
I do not consent to the above.				
You will also be asked to complete a DBS check after application.				
In accordance with the Data Protection Act 1998, I agree that the Isle of Wight NHS Trust can keep information about me for contact and volunteering purposes.				
Na	me (please print)			
Sig	nature		Date	







EQUAL OPPORTUNITIES MONITORING

Race relations (Amendment) Act 2000

As Public Sector Employers, NHS Organisations are required to collect details about an applicant's ethnicity. This information is collected to fulfil that obligation and is used for monitoring purposes only.

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*	* I would describe my ethnic origin as follows:					
Asian or Asian British		Mixed		Other Ethnic Group		
		Bangladeshi		☐ White & Asian		☐ Chinese
		Indian		☐ White	& Black African	☐ Any other ethnic
		Pakistani		☐ White	& Black Caribbean	group
		Any other Asian backg	round	☐ Any otl	ner mixed background	
ВІ		or Black British		White	3	
		African		□ British		□ I do not wish to
		Caribbean		☐ Irish		disclose my ethnic
		Any other Black backg	round	☐ Any otl	ner White background	origin
		,		•	ŭ	G
Employment Equality Regulation In order to comply with these regulations, NHS employers are monitoring sexual orientation and religion/belief in applications.						
	* Please select the option which best describes your sexuality					
		□ Lesbian □ Gay □ Bisexual	☐ Heterosexual ☐ I would rather not answer			
	* Please indicate your religion or belief					
		☐ Atheism ☐ Buddhism ☐ Christianity ☐ Islam		lainism Sikhism Other	☐ Judaism ☐ Hinduism ☐ I do not wish to c	lisclose my religion/belief







Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

The organisation aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

As part of assessing your application, organisations will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

* Are you currently bound over or do you have any current 'unspent' convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?
□ Yes □ No
If Yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences.

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you are applying for has been identified as being an 'eligible position' under the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).







Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the *Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended)*. Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please be aware that the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013* (S.I. 2013/1198) made amendment to the *Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete the question(s) below please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at: www.gov.uk/government/organisations/disclosure-and-barring-service

Where the position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012) an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You also are not required to tell us about parking offences.

* Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court or Court-Martial in the United Kingdom or in any other country?
□ Yes □ No
If YES, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.
* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children?
□ Yes □ No
* Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults?
□ Yes □ No







Declaration

The information in this application 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 employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

☐ I agree to the above declaration

Returning completed application forms

Please return completed application forms via one of the below methods

In person / hand delivery

Please put the form in an envelope labelled **Volunteer Service** on the front of the envelope and hand in to the **Main Reception desk**, **St Mary's Hospital**.

Postal address

Volunteer Service Quality Governance South Block St. Mary's Hospital Parkhurst Road Newport Isle Of Wight PO30 5TG

Email address: iownt.volunteer@nhs.net

If you have any queries, please contact us using one of the above options or telephone us on 01983 822099 Ext. 6411