

Volunteer Application Form

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

To volunteer for the Isle of Wight NHS Trust, you must be at least 16 years of age.

We ask for a commitment of at least 6 months volunteering and a minimum of 3 hours a week.

Role applying for	
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Applicant details

Title/s (please circle) Mr Mrs Ms Miss	Date of Birth
Other (please state)	
First name/s	Last name
Preferred 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
In what capacity do you know this person?	

Personal Profile

Why would you like to volunteer?

What do you want to achieve by volunteering?

What skills or experiences you have, that you believe will be useful to volunteering?

How will you balance volunteering with your other commitments?

Please specify what days and times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Employment History

Please provide details of your employment history for the last 3 years.

Employer name and address	Employer email address
Employer telephone number	Your job title
Start Date	End date
Reason for Leaving	
Brief description of your duties and responsibilities	

Employer name and address	Employer email address
Employer telephone number	Your job title
Start Date	End date
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Brief description of your duties and responsibilities	

Employment Gaps – if you have any gaps in employment history, please state reason below.

References

Please give the details of two referees who have known you for at least **3 years** and know you well. **We cannot accept relatives as referees.**

Referee 1

Name	Address
Email address	Telephone number
In what capacity do you know this person?	Period this reference covers

Referee 2

Name	Address
Email address	Telephone number
In what capacity do you know this person?	Period this reference covers

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Photographic 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.	<input type="checkbox"/>
I do not consent to the above.	<input type="checkbox"/>

EU National, Asylum Seeker or Refugee: I confirm that I have the necessary documentation having UK residence or have the required travel documents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name (please print)	
Signature	Date

EQUAL OPPORTUNITIES MONITORING

To monitor the effectiveness of our Equal Opportunities Policy certain details about the people who apply to be volunteers will be recorded. This information is used for monitoring purposes only.

*I would describe my ethnic group as follows:	
<input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Mixed White and Asian <input type="checkbox"/> Mixed White and Black African	<input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> Any other mixed background <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> prefer not to answer
*Please select the option which best describes your sexual orientation	
<input type="checkbox"/> Heterosexual / straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Undecided <input type="checkbox"/> Other sexual orientation <input type="checkbox"/> prefer not to answer

*Sex/gender	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Other term preferred <input type="checkbox"/> Prefer not to answer
*Please indicate your religion or belief	
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other belief <input type="checkbox"/> prefer not to answer

*Do you consider yourself disabled?	
<input type="checkbox"/> learning disability/difficulty <input type="checkbox"/> long-standing illness <input type="checkbox"/> mental health condition <input type="checkbox"/> physical impairment <input type="checkbox"/> sensory impairment	<input type="checkbox"/> yes – an unspecified disability <input type="checkbox"/> other disability <input type="checkbox"/> prefer not to answer <input type="checkbox"/> no disability

*If yes, do you need special arrangements to attend an interview?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

If so, please give details	

CONDITIONS OF VOLUNTARY INVOLVEMENT:

Rehabilitation of Offenders Act

Having convictions is not a bar to volunteering with The Trust and each case will be judged strictly on its merits. However, in order to protect certain vulnerable groups within society there are a number of voluntary roles that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. These include voluntary roles where, in the normal course of their duties successful applicants will have access to persons in receipt of health services. If the voluntary work you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the (Exceptions Order 1975). Applicants for voluntary roles are therefore not entitled to withhold information and convictions which for other purposes are 'spent' under the provisions act. Any information given will be confidential and will be considered only in relation to voluntary roles to which the order applies.

Have you at any time received a court conviction or caution?

- Yes
- No

*If yes, please give details below

General Data Protection Regulations (GDPR) and the Data Protection Act 2018

You are advised that the information given on this application form will be held on computer and in accordance with current UK legislation, Trust policies and procedures and will be treated in a secure and confidential manner. You are at liberty to see information held about you on computer; you are also entitled to see personal data held in manual files. We will keep this information in accordance with retention schedules set out in the Records Management Code of Practice for Health and Social Care 2016. For more information on your rights under Data Protection see the Trust's Privacy Notice. We will keep your information for a maximum of two years if you apply but do not start volunteering with us.

Health Assessment

An Occupational Health Assessment is required for all individuals working within The Trust. You will be asked to complete an Occupational Health questionnaire and may be asked to attend an appointment with the Occupational Health Department. You will also need to provide proof of vaccinations.

Disclosure and Barring Service

I understand that formal checks with regard to the details of criminal records may be conducted for successful applicants where there is contact with children or vulnerable adults. I understand that an offer of a voluntary placement is conditional upon these requirements being met successfully.

Agreement

I understand that this agreement to do voluntary work within this Trust is not a contract of employment or deemed to have legal status as an employment arrangement.

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 by the organisation.

Applicant name (please print)	
Applicant Signature	Date

If you are under 18, please ask your parent/guardian to complete the consent below: -

I confirm I am the parent/guardian for the person named in the applicant details section of this form and I give permission for them to do voluntary work for the Isle of Wight NHS Trust.

Parent/guardian name (please print)	
Parent/guardian signature	Date

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 **Voluntary Services** on the front of the envelope and hand in to the **Main Reception desk, St Mary's Hospital**.

Postal address

Voluntary Services
Patient Experience
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

If you require this letter in another language, large print or another format, please contact the PALS Team on **01983 534850** who will be able to help you.

Do you want to know more about how the Trust uses your personal information?

To view our full Privacy Notice visit our website:

<https://www.iow.nhs.uk/about-us/privacy-notice.htm>

If you require a full printed copy of our Privacy Notice please ask a member of staff.

If you would like to submit any comments or feedback regarding our Privacy Notice please email these to: iownt.informationgovernance@nhs.net