

APPLICATION FOR VOLUNTARY WORK – Private and Confidential

Please complete this form in Type or Block Capitals

Position Applying for: Location:

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| Title: | Forename\s (all): | Surname: |
| Date of Birth: |
| Address:  Postcode: | | Home Tel: |
| Mobile Tel: |
| Email: |
| Emergency contact name: | Relationship to you: | Emergency contact Tel No: |
| Are you legally entitled to work in the UK?  YES NO | Current/Previous Employment and Voluntary Work (please provide dates): | |
| My Employment Status is:  Employed  Seeking Employment  Retired  Other (please state) |

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| Please give details of why are you interested in becoming a volunteer at United Lincolnshire Hospitals? |
| Briefly describe the skills/interests/experience/training which you could bring to your voluntary work based on current/past employment, hobbies, memberships of sports clubs/societies/churches etc. |
| Have you Previously Worked or Volunteered at United Lincolnshire Hospitals? YES NO  How did you hear about this voluntary work opportunity at United Lincolnshire Hospitals? |

Please specify your availability for volunteering (e.g. Monday 10 – 1pm)

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| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Frequency/Duration\* |
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\*How frequently will you be offering the days times indicated? Will your time as a volunteer be limited a specific time frame? (e.g. 2-3 months, summer holidays)

**References**: Please give details of two people who have known you for at least 3 years, or who have engaged you as an employee or a volunteer, but are not directly related to you and would be willing to provide a reference for you.

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| **Reference 1** | **Reference 2** |
| Name: | Name: |
| Job Title/Company/Relationship: | Job Title/Company/Relationship: |
| **Address:**  **Postcode:** | **Address:**  **Postcode:** |
| Telephone number: | Telephone number: |
| Email: | Email: |
| Are you currently bound over or have you ever been convicted of a criminal offence? YES NO  Are you aware of any current investigations following allegations made against you? YES NO  Are you barred by ISA to work with children or vulnerable adults? YES NO | | |
| Rehabilitation of offenders act 1974 (amendments order 2002) Due to the best of my knowledge the details given are correct. I understand that the post applied for is NOT protected by the above act and that I must disclose all information about any convictions, 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 subject to a check by the Criminal Records Bureau.  Criminal convictions will not necessarily prevent individuals from volunteering with United Lincolnshire Hospitals.  It is a criminal offence for Individuals barred by ISA (Independent Safeguarding Authority) to work or apply to work with children or vulnerable adults (this includes voluntary work). | | |
| Is there any reason why you would not be able to carry out the role as described on the Task Description (due to an underlying health condition, impairment or any other reason)? YES NO | | |

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that in order to be considered for a placement as a volunteer I will be asked to produce evidence of identification, address and status in the UK where applicable.

Signed: Date:

**EQUAL OPPORTUNITIES MONITORING**



United Lincolnshire Hospitals NHS Trust is committed to equal opportunities and welcomes applications for voluntary work from all members of the community. This section of the form is used to assist us in monitoring the effectiveness of our policies.

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| **Applicant’s name:** | | |
| DISABILITY  Are you declaring yourself as a disabled person? Disabled Not disabled | | |
| ETHNIC ORIGIN (please tick) | | |
| WHITE GROUP  English  British  Scottish  Cornish  Greek Cypriot  Italian  Gypsy / Romany  Serbian  Kosovan  Irish  Welsh  Cypriot (Part Not Stated)  Turkish  Irish Traveller  Polish  Albanian  Mixed White  Swedish  Northern Irish  Greek  Turkish Cypriot  Traveller  All republics in former USSR  /Yugoslavian Republics | MIXED GROUP  White & Black Caribbean  Black Asian  Black & White Asian  Mixed British  White & Black African  Black & Chinese  Chinese & White  White & Asian  Black & Chinese  Asian & Chinese  BLACK OR BLACK BRITISH GROUP  Caribbean  Mixed Black  Other Black, Black Unspecified  African  Nigerian  Somali  Black British | ASIAN OR ASIAN BRITISH GROUP  Indian or British Indian  Mixed Asian  East African Asian  Sinhalese  Pakistani or British Pakistani  Punjabi  Sri Lanka  British Asian  Bangladeshi or British Bangladeshi  Kashmiri  Tamil  Caribbean Asian |

Data Protection Statement: The information you have provided and agreed to will be kept by the United Lincolnshire Hospitals Trust and treated in the strictest confidence. It will not be shared with a third party without your explicit consent, unless we have a statutory obligation to do so. We may access your contact details in the event of an emergency affecting you. If you require access to this information at any time you should ask your voluntary services manager.

Please return completed forms to:

**Voluntary Services**

**Lincoln County Hospital**

**Greetwell Road**

**Lincoln**

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| **LN2 5QY**  **Or email to: voluntaryservices@ulh.nhs.uk** |  |  |  |