





Application Form for a Voluntary Position at Lincoln or Louth Hospital

Private and Confidential

Please ensure that all questions are answered as fully as possible.

Details entered in this part of the form will be held in the HR department of the Voluntary Services Department.

Personal Details

Position applied for (If Known)					
Surname/Family Name					
First Names					
Title					
Date of Birth					
Address					
Postcode					
Home Telephone					
Mobile Telephone					
Email Address					
Please tick all the contact methods we can use to contact you	Home Telephone	Letter	Mobile	Email	
Tick					
Emergency Contact Name	Tel No:				
Relationship					



(EEA) National?

Evenings



Are you a United Kingdom (UK), European Community (EC) or European Economic Area



□Yes [□ No (If no	please o	contact us	s, as addi	tional info	ormation	may be	required)
Supporting	Informati	on						
	us work ex	cperience	, skills, qı	ualities a				e Hospitals Trust. ave which you
ease spec	ify your a	vailabilit Tue	y for volu	u nteerin g Thur	g (e.g. Mo	onday 10	– 1pm) Sun	*See below
Mornings								Shifts per week
Afternoons]

*How many hours/shifts per week in total are you able to volunteer for? Will your time as a volunteer be limited a specific time frame? (E.g. 2-3 months, summer holidays).

Please note: We would expect that due to the comprehensive application process, that you should be planning to volunteer with us for at least half a day per week for a 6 month period

Hours per week







Reference

Reference: Please give details of someone you have known you <u>for at least 1 year</u>, they can be someone who engaged you as an employee or a volunteer, but must not be related to you, and should be willing to provide a reference for you.

First Name

*You referee will need to provide an Email address as this will help speed up the application process.

Referee 1

name Title

Surname/Family

Address			
Post Code		Telephone	
Email (Required)			
Relationship			
	to us within the last 6 months to use the references from on?		□ No







Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act (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 NHS aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion or belief, disability, sexual orientation and age. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory criminal record check. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of volunteering.

Individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of 'regulated activity' is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 which came into force on 10 September 2012.

Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country?						
□ Yes □ No						
If yes, please supply details below;						







Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

To protect certain vulnerable groups within society, there are a number of posts within the NHS that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post 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 Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are 'spent' under the provisions of the Act. If you are successful with this application, any failure to disclose such information could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies.

All individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of 'regulated activity' is defined in full under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) which came into force on 10 September 2012.

Are you currently bound over or have you ever been convicted of any offence 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. Please note: you do not need to tell us about parking offences.					
Has your name ever appeared on the Protection of Children's List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Children's List?					
□Yes □ No					
Has your name ever appeared on the Protection of Vulnerable Adults List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Vulnerable Adults List?					
□Yes □ No					







DECLARATION

The information in 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.

I also understand that in order to become a volunteer before I can start I will undertake mandatory core training as directed, and that this training will need to be updated, either annually, or three yearly as required.

I agree to the above declaration						
Signature						
Name				Date		
How did you hea	r abc	out this voluntary opportuni	ty?			
☐ ULHT Website	ite					☐ Hospital meet and
☐ Volunteer Cen	• •		□R	☐ Recruitment		greet station
☐ Other Website				Event		☐ Jobcentre Plus
□ National		,		☐ College/Uni		□ Radio
Newspaper	•					☐ Other
Newspaper			l GP			LI Other
			l			
Have you previously worked or volunteered at United Lincolnshire Hospitals?				□ Yes		□ No

Please scan and email your completed application with your Equal Opportunities form to; Voluntary.services@ulh.nhs.uk

Or return by post to;

Voluntary Services Department Lincoln County Hospital Greetwell Road Lincoln LN2 5QY

Please contact us by email or telephone 01522 597838 if you need any additional help to complete your application.