

Volunteer Application Form

Airedale NHS Foundation Trust

1. Personal Information		
First name(s):	Surname:	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Home address:		
Post code:		
Date of Birth:	Email:	
Home Tel. No:	Mobile No:	
In case of Emergency please contact:		
Name:	Tel. No:	

2. Please advise what days/times you are available to volunteer							
	Mon	Tue	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

3. Please provide details of any areas you would like to volunteer in and why:

4. Please tell us about yourself and provide details of any special skills you may have that would be useful as a volunteer

5. References

Please provide details of two referees who are able to provide references for you.

Your referees need to have known you for at least 2 years and not be related to you in anyway. They should be able to comment on your competence, personal qualities and suitability for undertaking voluntary work. Ideally they should be a current or previous employer, teacher or tutor.

	Reference 1.	Reference 2.
Name:		
Address:		
Postcode:		
Tel.No:		
Email:		
Title/Occupation:		
How do you know this person?		

6. Rehabilitation of Offenders Act

Volunteer roles at the Trust are exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemption) Order 1975. You will be required to complete a DBS (Disclosure and Barring Service) form prior to any successful confirmation of a position. Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act (changes were introduced to the Act in 2013 which mean that certain spent or minor convictions and cautions are now protected (i.e. filtered) when specific conditions are met. Lists of offences that will never be filtered are available from www.gov.uk/dbs). Any information given will be completely confidential and will only be considered in relation to volunteer placements in which the order applies.

Have you ever been convicted of a criminal offense or received a caution, reprimand or warning which would not be filtered in line with current guidance?

Yes No

If yes, please provide details below:

Do you have any current or pending court appearances?

Yes No

If yes, please provide details below:

7. Declaration and Data Protection

Please read the information below before signing:

The Data Protection Act 2018 (the Act) and the General Data Protection Regulation (GDPR) set out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights.

If you are appointed, the personal information or data which you have supplied will be stored in accordance with the Act and GDPR. This information or data may also be used and processed by the Trust for the purposes of equality monitoring, compiling statistics and for other administrative, management and operational reasons connected with your placement. By signing this form, you will be deemed to be giving your consent to the trust using and processing the data about you.

If your application is unsuccessful, or you do not accept the offer of volunteering, the information will be destroyed, although relevant information will be retained for a period of time in order to facilitate our equal opportunity monitoring.

The information in this 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 withdrawal by the organisation

Signed:

Date:

Please complete this form and email it to:

gurmit.jauhal@anhst.nhs.uk

If you need to talk to someone about your application ring

Volunteer Service Manager on

01535 295316

Or post your application to

Volunteering Services
Airedale General Hospital
Skipton Road, Steeton

Keighely
BD20 6TD

MONITORING INFORMATION

The Trust recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees and volunteers with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, in accordance with the protected characteristics in the Equality Act 2010. We therefore welcome applications from all sections of the community. The information collected will only be used for anonymised monitoring purposes to support of our equal opportunities policies.

Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> I do not wish to disclose this

I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Please select the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Problem	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other