

Application and registration to become a volunteer

Strictly confidential

If you require any help with this form please contact voluntary services.

Individual Details			
Title		Forename(s)	
Surname(s)		Middle Name(s)	
Gender		Date of Birth	
NI No.			
Telephone No			
Email address			
Address			

Name of person to contact in an emergency			
Name		Relationship to you?	
Telephone No			
Email address			
Address			

References

Please supply details of two referees who have known you for at least 3 years. One referee should include your current employer. If you have not been in employment for a considerable period of time then you should seek a reference from your last known employer and a personal reference from a person of some standing in the community i.e. community leader, GP, support worker, tutor or teacher. Where it is not possible to obtain an employer reference then two personal references should be sought. You may not use family members.

Referee 1			
Name		Relationship to you?	
Address & Telephone no.			
Email		How long have you known this person?	

Referee 2			
Name		Relationship to you?	
Address & Telephone no.			
Email		How long have you known this person?	

Nationality and Immigration Status

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

Yes No

Non EU Nationals to complete - Not all visas allow you to work.

Please supply details of any visa currently held and confirm that the visa allows you to work (if in doubt you should check with the UK Border Agency).

Visa No.

Start date

Expiry date

Does your visa have a condition restricting employment or occupation in the UK?

Yes

No

Detail of restriction

Important information

Safeguarding

Criminal Convictions – Rehabilitation of Offenders Act 1974

All volunteers will be required to complete a Disclosure & Barring Service Check (DBS) and the Model Declaration (Form A).

The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

The following link will provide clarity should you require help:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Answering 'yes' to this question will not necessarily bar you from appointment. This will depend upon the relevance of the information you provide in respect of the nature of the role and the particular circumstances.

Are you currently bound over or do you have any 'UNSPENT' convictions, cautions, reprimands or final warnings that have been issued by a Court or Court-Martial in the UK or in any other country?

Yes

No

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

Are you currently bound over or do you have any convictions, cautions, reprimands or final warnings that would not be protected (i.e. filtered) as defined by the Exceptions Order 2013 – that have been issued by a Court or Court-Martial in the UK or in any other country?

Yes

No

If yes to either of these questions, please give details. Any information disclosed will be treated strictly confidentially.

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 adults?

Yes

No

Occupational Health

You will also be asked to complete the Trust's Health Questionnaire which may or may not result in you being asked to see the Occupational Health Doctor.

Disability information

If you have a disability, what support or reasonable adjustments do you think you will need to take up a volunteering post at the Trust?

[Click here to enter text.](#)

Motivation and Experience

What role are you applying for?

Any information you would like to add, for example, what are your reasons for applying, what qualities and/or skills can you bring to the role, what are your hobbies/interests?

Work experience, volunteer or employment

Please give details of your current or most recent employer or volunteer organisation

Employer/organisation name

Type of business/organisation

Dates from/to

Reason for leaving

Duties/responsibilities:

Declaration

I declare that the information I have given is true and complete. I understand that any false information may result in the withdrawal of any offer of voluntary role or my dismissal if accepted as a volunteer.

Signature:

Date:

If a voluntary placement is agreed the following details will be required to arrange an identity badge. A name badge will be issued using your first name and surname as given. Please indicate if you would prefer any other format. [Click here to enter text.](#)

Monitoring information

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore, in order to help us check the effectiveness of our commitment to equal opportunities we should be grateful if you would complete this section. It will be used for monitoring purposes only.

* 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"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Undefined
<input type="checkbox"/> Bisexual	<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"/> Judaism	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Other
<input type="checkbox"/> I do not wish to disclose			

* 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	

Please make an appointment to take your completed forms and 3 identification documents in to the recruiting manager for the role.

Proof of ID - 2 forms of photographic personal identification and 1 document confirming address *or* 1 form of photographic personal identification and 2 documents confirming their address:

PHOTOGRAPHIC

Passport
 Driving Licence
 Biometric Residence Card

ADDRESS

Driving licence (if not already presented as a photographic ID)
 Utility bill (gas, water, electricity or land line telephone)
 Local authority tax statement (e.g. Council tax statement)
 Financial statement (bank, building society or credit card)

STAFF USE: TO BE COMPLETED BY PLACEMENT MANAGER

Placement agreed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Volunteer role & placement manager			
Will volunteer have patient contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will they have contact with children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Identification documents seen and authorised by:			
Date:			
Job title			

Please scan completed forms and identification documents and email to honorary.contracts@berkshire.nhs.uk