

VOLUNTARY SERVICES DEPARTMENT

APPLICATION FOR REGISTRATION AS A VOLUNTARY WORKER

Name: (Mr/Mrs/Miss/Ms) _____

Address: _____

Post code: _____ Telephone - Daytime: _____ Evening: _____

Email Address _____

Past or present occupation or experience: _____

The leaflet "Volunteer Opportunities at Airedale" lists the various voluntary activities within the hospital (Airedale General only). If possible please give an indication of which services would interest you most:

Which times are you most likely to be available? Please tick:

	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

If you are applying to be a voluntary driver and are willing to use your own car, **please note** that your insurance provision must cover damage to property and passenger liability. **VOLUNTARY DRIVERS MUST HAVE WRITTEN APPROVAL FROM THEIR INSURANCE COMPANY TO CARRY PATIENTS.**

REFERENCES

Please give the names and addresses of two referees who may be contacted.

These should be from people who:

- Must have known you for at least TWO years**
- Are able to comment on your suitability as a volunteer preferably in a professional capacity e.g. past or present employer, Form Tutor or other Voluntary Organisations for whom you have worked for.**

■ **Must NOT be partners or family members and those under 18 years of age are NOT acceptable.**

1. Name: _____ 2. Name: _____
(Please print) (Please print)

Address: _____ Address: _____

Tel No.: _____ Tel. No: _____

SIGNED _____ Date: _____

Please return this form to:
The Voluntary Services Manager, Airedale NHS Foundation Trust, Airedale General Hospital,
Steeton, Keighley, West Yorkshire BD20 6TD.

If you would like to have any further information please telephone the Voluntary Services
Manager on (01535) Direct line 295316 or 652511, extension 5316 or the Voluntary Services
Assistant on 294624..

Voluntary Services & the Data Protection Act 1998

As you have provided personal information to Airedale NHS Trust on your application form, the Data Protection Act 1998 ('the Act') sets out certain requirements for the protection of your personal information against unauthorised use or disclosure, the Act also gives you certain rights.

Airedale NHS Trust needs to keep information about you for purposes connected with your voluntary work, including your application. The sort of information we will hold relates to your voluntary activities with the Trust. It will include personal information about yourself and include information relating to emergency contact name and address, references, training and health records, expenses and information about the activities you undertake in the trust. On occasions it might be necessary to give information about you to other volunteers in the area in which you help.

We believe these uses are consistent with the principles of the Act. The information held will be for our management and administration use only but we may, from time to time, need to disclose some information we hold about you to relevant third parties. (e.g. where legally obliged to do so or where requested to do so by you for the purposes of giving a reference). We may also keep information about your health for the purposes of compliance with our health and safety obligations for considering how your health affects your ability to do volunteer activities and, if you have a disability, any adjustments to be made to assist you. If you have provided it the Trust keeps information about your racial or ethnic origin and disability status for the purpose of monitoring the provision of equal opportunities.

If you need to know what information is kept about you then the Trust will tell you and explain why it is kept. Under the terms of the act, volunteers may upon written request make a 'subject access request' to the director of Human Resources to obtain details of all personal data kept about them by the Trust. The Trust may charge for the provision of this information.

I consent to the use of my personal information for the purpose and on the terms set out above.

Signature **Date**

Print Name

Volunteer Application (Declaration)

Full Name:

Please read notes overleaf for guidance before completion.

If you answer yes to any of the questions below, please attach full details including dates.

1. Are you currently bound over or have you ever been convicted of an offence by a Court or Court-Martial in the United Kingdom or any other country? (You do not need to declare parking offences) No Yes
2. Have you ever received a police caution, reprimand or final warning? No Yes
3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of? No Yes
4. Are you aware of any current police investigation in the United Kingdom or any other country following allegations made against you? No Yes
5. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you? No Yes
6. Have you ever been disqualified from the practice of a profession or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory or licensing body in the United Kingdom or any other country? No Yes
7. Are you currently the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or any other country? No Yes
8. Child protection posts only:
Are you subject to any prohibition, limitation or restriction that means we are unable to consider you for the position for which you are applying? No Yes

Declaration:

I have read the guidance notes for applicants that accompanied my application form, and I consent to the information provided in this declaration being used by Airedale NHS Foundation Trust for the purpose of assessing my application.

I confirm that the information that I have provided in this declaration form is correct and complete and that I am required to declare any change to the information provided before I accept any offer as a volunteer or during my period as an appointed volunteer.

I understand that if I withhold information or provide false or misleading information this may result in my application being rejected, or in my dismissal as a volunteer.

Signed **Date**

Airedale NHS Foundation Trust
Notes for applicants – completion of declaration form

Voluntary work in hospitals is exempt from the Rehabilitation of Offenders Act (1974) and you are therefore required to declare any criminal convictions or cautions you may have, even if they would otherwise be considered as 'spent', together with any cautions or bind-overs or pending prosecutions.

Please read these notes before completing the declaration form overleaf.

The information you provide on this declaration form will only be taken into account in relation to your application for voluntary work.

With the exception of question 8, answering yes to any of the questions on the declaration form will **not** mean that your application will be automatically rejected. Prior to making a final decision concerning your application, we will discuss with you any information declared and carefully consider the nature and circumstance of the declaration you make, and its relevance or otherwise to the voluntary post for which you are applying.

Failure to declare information in relation to any of the questions asked may, however, disqualify you from appointment, or result in dismissal if a discrepancy comes to light.

The Data Protection Act 1998 requires that we obtain your consent before processing sensitive data about you. Processing includes obtaining, recording, holding, disclosing, destroying and retaining information. Sensitive personal information includes criminal offences, convictions, criminal proceedings, disposal or sentence.

Any information you provide will be processed in accordance with the Data Protection Act 1998, and will be used only for the purpose of determining your suitability for the post for which you have applied, unless you agree otherwise. It will be kept securely and treated as confidential information. This means that access to it will be restricted to only authorised persons who will need to see it as part of the administration or selection process.

Once a decision has been made concerning your appointment, we will not keep the declaration form longer than is necessary.

You must respond to all the questions on the declaration form. If you answer yes to any of the questions please attach details on a separate sheet. If you do provide a separate sheet please write your name and the particular voluntary activity that you wish to be involved with on the sheet, and attach it securely.

No decision regarding voluntary work can be made without your completed declaration.

If you have any questions or concerns regarding the declaration or how the information will be processed please contact the Voluntary Services Department at Airedale General Hospital, Tel. 01535 295316.

VOLUNTEER MONITORING INFORMATION

PLEASE COMPLETE BOTH SIDES

To help us ensure that our recruitment and management of volunteers is fully and fairly implemented (and for no other reason) it would be helpful to Voluntary Services if you would complete this form. The information provided will only be used for monitoring purposes and to comply with the requirements of a wide range of Equality Legislation covering Ethnicity, Disability, Religion and Belief.

Do you have a disability? (Please tick boxes as appropriate)		
A	()	No
B	()	Specific learning difficulty (e.g. dyslexia)
C	()	Blind or partially sighted
D	()	Deaf or hard of hearing
E	()	A wheelchair user or have mobility difficulties
F	()	Autistic Spectrum Disorder or Asperger Syndrome
G	()	Mental health difficulties
H	()	A disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition)
I	()	A disability, special need or medical condition that is not listed above
J	()	Prefer not to say

We will try to provide access, equipment or other practical support to ensure that people with disabilities are not disadvantaged.

(please turn over)

RELIGION or BELIEF (Please tick appropriate box)		
a	()	Sikh
b	()	Zoroastrian
c	()	Jewish
d	()	Buddhist
e	()	Muslim
f	()	Jain
g	()	Hindu
h	()	Christian*
i	()	Rastafarian
j	()	Baha'i
k	()	None
l	()	Other (Please state)
m	()	Prefer not to say
<p>*(Inc. Church of England, Catholic, Protestant and all other Christian denominations)</p>		

ETHNIC ORIGIN (Please tick appropriate box)		
White		
01	()	British
02	()	Irish
03	()	Any other White background
Mixed		
04	()	White & Black Caribbean
05	()	White & Black African
06	()	White & Asian
07	()	Any other mixed background
Asian or Asian British		
08	()	Indian
09	()	Pakistani
10	()	Bangladeshi
11	()	Asian/Asian British or any other Asian background
Black or Black British		
12	()	Caribbean
13	()	African
14	()	Black/Black British or any other Black background
Other		
15	()	Chinese
Ethnic Groups		
16	()	Any other Ethnic Group (Please state)
17	()	Prefer not to say