



CONFIDENTIAL

VOLUNTARY SERVICES DEPARTMENT
VOLUNTEER APPLICATION & REGISTRATION FORM
Please complete **ALL 3** pages using CAPITAL LETTERS

PERSONAL DETAILS	
Title: Mr/ Mrs/ Ms/ Miss Other.....	Telephone (Home):
Surname:	Mobile No.
First Names:	E mail address
Address:	Name & Address of Next of Kin
.....
.....
.....
Post Code:	Telephone No. of Next of Kin
.....
Date of Birth	Relationship to Next of Kin

HOW MUCH TIME ARE YOU ABLE TO DEVOTE TO VOLUNTARY SERVICES?							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

REFERENCES	
<p>Please give the name and address of two referees who have agreed to supply references. These may include your line manager, or someone in a position of responsibility who can comment on your work experience, competence, personal qualities, and suitability for the post. If you are a student please provide contact details of a teacher at school, college, or university.</p> <p>Please note that personal references such as friends and relatives are not acceptable. We will accept a postal address if no e-mail is available. Please provide this in 'Supporting Information'.</p>	
Referee 1	Referee 2
NAME.....	NAME.....
EMAIL ADDRESS.....	EMAIL ADDRESS.....
.....
RELATIONSHIP	RELATIONSHIP

SUPPORTING INFORMATION

Please provide additional information about yourself, this can include relevant knowledge and experience suitable for a volunteering post.

CONFIDENTIALITY

PLEASE READ CAREFULLY. DO NOT SIGN UNLESS FULLY UNDERSTOOD:

I understand that in the course of my service I may come to be in possession of information of a highly confidential nature concerning clients, patients and staff of Salisbury NHS Foundation Trust. I undertake not to divulge any information concerning clients, patients and staff or former clients, patients and staff to unauthorised persons, and if in any doubt on answering a particular enquiry I will refer the matter to the head of department, senior manager or member of staff, or the Voluntary Services Manager, in particular, telephone conversations and electronic communications should be conducted in a confidential manner.

Confidential information must NOT be disclosed to unauthorised parties without prior authorisation. Volunteers must NOT process any personal information in contravention of the DATA PROTECTION ACT 1988.

SIGNED:

DATE:

Please ask your parent/guardian to complete this section (if under 18)

I understand the nature of the voluntary work applied for and give consent for
(name of young person) to undertake this placement:

Signed: parent/guardian (delete as appropriate)

Contact Telephone Number (in case of emergency)

EQUAL OPPORTUNITIES MONITORING

IMPORTANT
<p>Because of the nature of volunteering in health and social care, exemption under the Rehabilitation of Offenders Acts applies. HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE? YES / NO</p> <p>A full police screening check will be required for all applicants; the post will be subject to a satisfactory check being received by the Voluntary Services Manager.</p>

HEALTH DETAILS	
Do you have any disabilities?	Are you registered disabled? YES / NO
<p>I UNDERSTAND THAT I WILL BE REQUIRED TO COMPLETE A HEALTH QUESTIONNAIRE AND MAY HAVE TO ATTEND A HEALTH CHECK PROVIDED BY THE TRUST.</p>	

As Public Sector Employers, NHS Organisations are required to collect details about an applicant's ethnicity. This information is collected to fulfil that obligation and is used for monitoring purposes only.

Ethnic Origin	<p>Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background</p> <p>Mixed</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> Any other mixed background</p>	<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background (please specify)</p> <p>Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p> <p><input type="checkbox"/> I don't wish to disclose my ethnic origin</p>
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Employment Equality Regulations.

In order to comply with Employment Equality Regulations, and to ensure equal treatment, NHS employers are monitoring sexual orientation and religion/belief.

Sexuality	<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I would rather not answer
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose my gender	
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"/> Other <input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose my religion/belief
Nationality		

Please return this form to
 Voluntary Services Department, Salisbury District Hospital, Salisbury, Wiltshire, SP2 8BJ