

**VOLUNTARY WORK APPLICATION FORM – CONFIDENTIAL**

**Please note: Volunteers must be a minimum of 17 years of age, 18 years for some areas and must be able to give a minimum commitment of 6 months.**

**On-site car parking is not guaranteed.**

Please indicate below which Hospital you wish to volunteer at:	
<b>DIANA PRINCESS OF WALES HOSPITAL, GRIMSBY</b>	
<b>SCUNTHORPE GENERAL HOSPITAL</b>	
<b>GOOLE AND DISTRICT HOSPITAL</b>	

Area in which you wish to volunteer (e.g. ward helper, administration, reception).
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**YOUR PERSONAL DETAILS**

Miss/Ms/Mrs/Mr/Dr/Other	First Name:	Middle Name:
Surname/Family Name		Gender:
Date of Birth:	Home Tel No:	Mobile No:
Address:		
Post Code:		
Email address:		

**OCCUPATIONAL DETAILS (E.g. Previous employment, Voluntary Work)**

DATES	OCCUPATION/VOLUNTARY WORK

## REASONS FOR APPLYING

Please give details of why you wish to volunteer your service to the Northern Lincolnshire and Goole Hospitals NHS Trust:

Please state your skills/hobbies/strengths you consider an advantage to becoming a volunteer:

## AVAILABILITY (there is an expectation that you commit to a minimum of 2 hours a week)

Day of Week	am/pm
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## ADDITIONAL DETAILS

Are you related to, or have a close relationship, with a member or employee of Northern Lincolnshire and Goole Hospitals NHS Trust? **YES/NO**

**If YES please give details:**

Have you ever been a volunteer or employed by Northern Lincolnshire and Goole Hospitals Trust? **YES/NO**

**If YES please give details:**

Are you engaged in any other paid or unpaid work? **YES/NO**

**If YES please give details:**

How did you hear about Northern Lincolnshire and Goole Hospitals Trust?

## REFERENCES

Please give the names and addresses of two referees (**not family members**) who can comment on your suitability for working as a volunteer, in a hospital environment.

**These references should be provided by responsible people, who have been personally acquainted with you for a number of years (e.g.: previous employer, Club or Social Committee member, Professional Persons). If in doubt, please check with the Voluntary Services Manager.**

All referees will be approached prior to interview

### REFEREE 1

Miss/Ms/Mrs/Mr/Dr/Other	First name	Surname/Family name
Address		
Post code		
Telephone: Email:	Relationship:	

### REFEREE 2

Miss/Ms/Mrs/Mr/Dr/Other	First name	Surname/Family name
Address		
Post Code		
Telephone: Email:	Relationship:	

### DISABILITY DISCRIMINATION ACT 1995

Under the terms of the act a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'.

Do you consider yourself to have a disability?	<b>YES/NO</b>
If yes please give details:	
Please describe any measures or reasonable adjustment which you feel should be made to the recruitment process to assist you in your application for this volunteer post:	

## REHABILITATION OF OFFENDERS ACT

In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. These include posts where, in the normal course of their duties, successful applicants will have access to persons in receipt of health services. If the post you have applied for falls within the above category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exceptions Order) 1975.

Applicants are, therefore not entitled to withhold information about convictions (**including those otherwise considered 'spent'**), under the provisions of the act and in the event of recruitment, any failure to disclose such convictions could result in withdrawal of a voluntary placement. Any information given will be confidential and will be considered only in relation to posts to which the order applies.

Have you at any time received, or had pending, a court conviction	YES/NO
If yes, please give details:	

**All voluntary posts are subject to references and declarations prior to interview.**

## DATA PROTECTION ACT

The trust's objective is to meet the requirements of the Data Protection Act 1998. It is a condition of the Trust that you agree to consent to the holding and processing of this information for these purposes, and any similar lawful processes as outlined above.

## DECLARATION

To the best of my knowledge the details in this application form are true. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or dismissal. This applies to any medical questionnaire/forms I may complete.

All offers made are conditional and therefore appointment is subject to satisfactory medical, reference clearance and police screening.

**I agree to the above declaration.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application form to:**

**Mrs Julie Dobbs  
Voluntary Services Manager  
Diana, Princess of Wales Hospital  
Scartho Road  
Grimsby  
N E Lincolnshire  
DN33 2BA**

## EMPLOYMENT EQUALITY REGULATIONS 2003

In order to comply with these regulations NHS Employers are monitoring sexual orientation and religion/belief in applications. Please answer the following questions.

Please indicate that which describes your sexuality:	Please indicate your religious belief:

## INTEGRATED EQUALITIES POLICY

Northern Lincolnshire & Goole Hospitals NHS Trust is committed to equal opportunities for all in the both employment and services and has developed an integrated equalities policy. We value the diversity of our workforce and the people and communities we serve and aim to be fair, reasonable and just in carrying out all of our responsibilities.

## EQUAL OPPORTUNITIES MONITORING

For the integrated equalities policy to work it is essential to monitor its effectiveness and your co-operation in completing this section is therefore requested. The information you provide will be processed by computer, to produce statistics. Answering the questions below is voluntary and your co-operation would be of great value.

1. Female  Male
2. Age..... Date of Birth.....
3. Marital Status..... (married, Civil Partnership, Single, Separated, Widowed, Cohabiting)
4. Nationality..... Country of Birth.....
4. Please indicate your Religion.....

Race Relations (Amendment) Act 2000. As Public Sector Employers, NHS organizations are required to collect details about an applicant's ethnicity. This information is collected to fulfill that obligation and is used for monitoring purposes only. I would describe my ethnic origin as (please tick):

<b>White:</b>		J	Pakistani	
A	British	K	Bangladeshi	
B	Irish	L	Any other Asian background	
C	Other White	<b>Black or Black British:</b>		
<b>Mixed</b>		M	Caribbean	
D	White and Black Caribbean	N	African	
E	White and Black African	P	Other Black	
F	White and Asian	<b>Other Ethnic Groups:</b>		
<b>Other mixed</b>		R	Chinese	
G	Asian or Asian British:	S	Any other ethnic group	
H	Indian	Z	Not stated	