

We welcome applications irrespective of age, disability, ethnic origin, gender and sexual orientation.



**The Queen Elizabeth  
Hospital King's Lynn**  
NHS Foundation Trust

**Name of Applicant:**

**Placement:**

*For Office use only:*

# Volunteer Application Form



PH-S/V6 April 2019

**Please complete this form in Black Ink only & in Block Capitals**

**Title:** Mr / Mrs / Miss / Ms/other

**Surname:**

**Forename(s):**

**Address:**  
  
  
**Postcode:**

**Email:**  
Please tick if you are happy to use this for correspondence

**Telephone – Home:**  
**Work (if we may call you there):**

**Date of birth:**  
**(NB we cannot accept applications from people under the age of 16 years)**

**Please tick as appropriate**

<b>Retired</b>	<input type="checkbox"/>	<b>Previous Occupation.....</b>
<b>Employed</b>	<input type="checkbox"/>	<b>Student</b> <input type="checkbox"/>
<b>Unemployed</b>	<input type="checkbox"/>	<b>Other</b> <input type="checkbox"/> <b>(please state)</b>

**Next of kin:**  
  
**Relationship of Next of Kin:**

**Address for next of kin:**  
  
**Postcode:** **Emergency contact number:**

**Please give details of any previous voluntary work**

**Do you already know what type of volunteering you would like to offer?** (If so please give details below)

**Do you have any particular skills you can share with our patients?** (If so please give details below)

**Please state where you heard about our need for volunteers:**

**The Disability Discrimination Act 1995 defines a person as having a disability if he or she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”.**

**Do you have such a disability?      Yes       No**

**Please tick the sessions when you would be available for volunteering and cross out the sessions where you would definitely not be available.**

	MON	TUE	WED	THURS	FRID	SAT	SUN
Morning							
Afternoon							
Evening							

Please provide names and addresses of two\* referees (not relatives) whom we may approach for References, e.g.: employer, friend, colleague, teacher, religious leader.  
**Your referees need to have known you for at Least the last 3 years** \*3<sup>rd</sup> reference for Chaplaincy

**Referee 1:**

Name:

Address:

Postcode:

Telephone:

Email:

**Referee 2:**

Name:

Address:

Postcode:

Telephone:

Email:

**Can you arrange transport to the hospital?** (Delete as appropriate) Yes / No

If yes, do you use:

<b>Car</b>	<input type="checkbox"/>	<b>Motorcycle/Moped</b>	<input type="checkbox"/>
<b>Bicycle</b>	<input type="checkbox"/>	<b>Public Transport</b>	<input type="checkbox"/>

**Requirements under the Rehabilitation of Offenders Act 1974**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions/cautions even those, which for other purposes are spent under the provision of the Act, and in the event of employment, any failure to disclose any convictions or cautions could result in dismissal. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

**Have you had any previous convictions/cautions (delete as appropriate) - Y e s / No\***

The Voluntary Services Department operates under the Trust's Equal Opportunity Policy

<b>I give my consent to Voluntary Services to take up references</b>	
<b>I confirm that the personal information supplied by me is accurate</b>	

Please Tick

**DATA PROTECTION ACT 2018**

Should your application to volunteer be successful, The Queen Elizabeth Hospital, Kings Lynn will need to hold and process personal information about you. This includes information, which is required for equal opportunities monitoring purposes.

All volunteers are required to have an Occupational Health screening. I am prepared to undergo a medical examination if requested. We will not share your personal information with any 3<sup>rd</sup> party and use your data only for our own use. When you cease to Volunteer we will dispose of your personal Data as directed by NHS guidelines.

- 1. I give my consent for Queen Elizabeth Hospital, Kings Lynn to hold and process personal information about me, in accordance with the above requirements.*
- 2. I confirm that the above statements are true and correct, and understand that any misrepresentation will invalidate my application.*
- 3. I understand that there will be no payment for duties performed in a voluntary capacity and that it may be necessary to change my place of duty within the hospital.*

**Signed:** ..... **Date:** .....

**When you have completed your application form, please return to:**

Paul Holley-Smith  
Voluntary Services Manager  
The Queen Elizabeth Hospital  
Gayton Road  
Kings Lynn  
Norfolk  
PF30 4FT



DDI Tel: 01553 214687

[Paul.Holley-Smith@qehkl.nhs.uk](mailto:Paul.Holley-Smith@qehkl.nhs.uk)

**General Admin Enquiries Telephone – 01553 613205**

<i>For Office use only:</i>
<b>Date of Interview:</b>
<b>Placement:</b>
<b>Start Date:</b>