

**Name of Applicant:**

**Placement:**

*For Office use only*:

# Volunteer

**Application Form**



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

Surname:

Forename(s):

Address:

Postcode:

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| --- |
| **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**

**Retired Previous Occupation……………………………………………….**

**Employed Student**

**Unemployed O Other (please state)**

Next of kin:

Relationship of Next of Kin:

Address for next of kin:

Postcode: Emergency contact number:

**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🞏

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| --- |
| **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 \*3rd 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

Car  Motorcycle/Moped 

Bicycle  Public Transport 

If yes, do you use:

**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) - Yes** / No\*

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| --- | --- | --- |
|  |  |  |
|  |  |

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

|  |  |
| --- | --- |
| **I give my consent to Voluntary Services to take up references** |  |
| **I confirm that the personal information supplied by me is accurate** |  |

 **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. By signing this application you are confirming you are prepared to undergo a medical examination if requested. We will not share your personal information with any 3rd 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.*

 (please sign below)

**I understand and confirm that I will not divulge any information I receive which may be confidential.**

**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

PE30 4ET

 



 DDI Tel: 01553 214687 Email: Paul.Holley-Smith@qehkl.nhs.uk

General Admin Enquiries Telephone – 01553 613205

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| --- |
| ***For Office use only:*** |
| **Date of Interview:** |
| **Placement:** |
| **Start Date:** |

## How will my information be used?

The information you provide using the application form will be used for determining your suitability for the position you have applied for, and in accordance with the NHS Employment Check Standards. It will also be used for enquiries in relation to the prevention and detection of fraud.

Under the Data Protection Act 2018 and the General Data Protection Regulation 2018 (GDPR) organisations must provide you with detailed information which explains why certain information is required as part of the recruitment process, the lawful basis for collecting it, how it will be processed, and with whom information will be shared and under what circumstances. **Please ensure that you read the supplementary guidance we provided when you first applied for this role** as this explains how we may process your data and your rights under data protection laws.

## How will information be retained and for how long?

Once a recruitment (or other relevant) decision has been made, we will not keep any information for any longer than is necessary. As a minimum this should be for a period of six months to allow for considerations and resolution of any disputes or complaints. There may be circumstances where we are required to retain information for longer i.e. for the purpose of demonstrating safe recruitment practice as part of any scheduled safeguarding audits.

Information will be held in accordance with the Data Protection Act, General Data Protection Regulation (GDPR) and the Human Rights Act. The form and any supplementary information provided by applicants with this form, will be kept securely and separately from any personnel records and access will be strictly limited to those who are entitled to see it as part of their duties, as outlined within our local policy on the correct handling and safekeeping of special categories of personal data.

Once the retention period has elapsed, we will ensure that any information provided is destroyed by secure means, for example by shredding, pulping or burning. While awaiting destruction, the secure handling of information, as outlined above, will be adhered to. While the form and any supplementary information applicant’s chose to provide will be destroyed, we will need to keep a record of the date of when a self-declaration was requested/received, the position for which the self-declaration was requested, and the details of the recruitment decision taken.

**DBS Declaration**

I am signing this document to declare that I have read the Standard/Enhanced Check Privacy Policy from DBS for applicants and I understand how DBS will process my personal data and the options available to me for submitting an application.

The link for this policy is

<https://www.gov.uk/government/publications/dbs-privacy-policies>

I have also seen the DBS Code of Practice Policy

<https://www.gov.uk/government/publications/dbs-code-of-practice>

**Name:** In Capitals……………………………………………………………….

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