

BURTON HOSPITALS LEAGUE OF FRIENDS

Queen's Hospital
Belvedere Road, Burton upon Trent
Staffordshire DE13 0RB
Telephone 01283 566333 EXT 5042/5321

APPLICATION FORM FOR VOLUNTEERING WITH THE LEAGUE

Please complete this form as fully as possible. If you are unable to complete this form, please contact the chairman for advice.

Continue answers or additional comments on a separate sheet of paper if necessary.

**Tick or circle as appropriate.*

PERSONAL DETAILS:

Mr/Mrs/Miss/Ms *	
Surname	Forenames
Address	
Telephone Numbers:	
Day:	
Evening:	
Mobile:	
E-mail address:	
Do you consider yourself to have a disability? <i>(This can be discussed at interview)</i>	*Yes/No
Do you have a current driving licence?	Yes/No

PREVIOUS EMPLOYMENT/WORK EXPERIENCE (to include any voluntary roles)

Company/ Organisation	Job Title/ Duties of Role	From	To	Reason for Leaving

QUALIFICATIONS OR TRAINING COURSES ATTENDED:

Qualifications/ Courses Attended	Course Title	Place Carried Out	Year

Please tell us why you wish to volunteer with us

Do you have any previous experience of voluntary work? Yes/No

Do you have a preference for General Fundraising or in the League Shop?

Have you any special interests/hobbies/skills you feel would benefit our organisation?

Please tick when you will be regularly available to do voluntary work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							

ADDITIONAL INFORMATION

Please give any other information, which you feel would help your application.

REFERENCES

We require two acceptable references; if you have difficulty in obtaining these do not hesitate to send in the application form as this can be discussed at your interview. (Note: We reserve the right to contact any previous employer).

Please give the names and contact details of referees below:

Name:
Address:

Name:
Address:

Telephone No:
Capacity known:

Telephone No:
Capacity known

Can they be contacted
at this stage **Yes/No**

Can they be contacted
at this stage **Yes/No**

Rehabilitation of Offenders Act

Because of the nature of the work, posts within the National Health Services are exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as 'spent' under the Act, and any cautions or bind-overs.

As part of our ongoing commitment to the continued safety of our patients, visitors and staff, please note that all successful candidates will be required to undergo a Disclosure check through the Criminal Records Bureau.

Having a police record will not prevent applicants from being considered for placements with us. Offences will be considered in relation to their nature and seriousness in terms of the post applied for. The information given will be treated in confidence. In the event of employment, failure to disclose relevant information may result in disciplinary action or dismissal.

Do you have any convictions, cautions, bind-overs or charges pending? **Yes/No**
If so, please give details below.

Nature of offence	Place/date of judgements	Sentences

Data Protection

Information given on this application form pertaining to criminal record and physical or mental health conditions/disability is considered sensitive data under the Data Protection Act 1998.

DECLARATION

I understand that the volunteer placement if offered will be subject to information given on this form being correct. If it is discovered at a later date that incorrect information has been given, this may result in dismissal.

I also understand that the placement will be subject to a satisfactory medical questionnaire and confirm that, to the best of my knowledge, there are no medical reasons, which would prevent me from undertaking voluntary duties.

I also give permission for all the information provided on the form, including that which is considered sensitive under the Data Protection Act 1998, to be used solely for the purpose of recruitment and selection and equal opportunity monitoring and to maintain a record if I am offered a placement in the Voluntary Service.

Signed:

Date:

**Completed forms should be returned to:
The Chairman, Burton Hospitals League of Friends, Queen's Hospital Burton,
Belvedere Road, Burton upon Trent, Staffordshire DE13 0RB**