

# Volunteer Application Form

PLEASE COMPLETE AND RETURN TO:

The Secretary, Radio City, Singleton Hospital,  
Sketty Lane, Sketty, SWANSEA, SA2 8QA

Trust in Swansea



**PLEASE NOTE: THIS FORM MUST BE PRINTED AND COMPLETED BY HAND**

## PERSONAL DETAILS

FORENAMES

SURNAME

PREVIOUS NAME

MR/MRS/MISS/MS/OTHER

ADDRESS

POST CODE

NI NUMBER

DATE OF BIRTH

EMAIL ADDRESS

PREFERRED DAYTIME CONTACT NUMBER

MOBILE

## EXPERIENCE, TRAINING & GENERAL INFORMATION

Give a concise account of relevant experience and training and state why you think you should be considered for this post. Please give brief details of your work experience to date including key responsibilities & achievements, and any additional information including interests, hobbies, voluntary work, languages spoken and any other information that would support your application.

PERIOD OF NOTICE TO BE GIVEN TO CURRENT EMPLOYER

## REFERENCES

Please provide names of two referees.

They should not be directly related to you and you should have known them reasonably well for at least TWO YEARS ON A PERSONAL LEVEL. They should be over 18 years of age.

It is Swansea NHS Trust's policy that volunteers may not join a project until two written references satisfactory to the Trust have been received.

### REFERENCE 1

TITLE	FORENAME	SURNAME
RELATIONSHIP		
ADDRESS		
	POST CODE	
TELEPHONE		

### REFERENCE 2

TITLE	FORENAME	SURNAME
RELATIONSHIP		
ADDRESS		
	POST CODE	
TELEPHONE		

## PARENTAL / GUARDIAN CONSENT

If you require any further information about the volunteering activities associated with this role, please speak to the project office, who will be happy to discuss with you.

For all volunteers under 16 years of age, parental / guardian consent is required before volunteering can commence.

I GIVE MY CONSENT TO
BECOMING A VOLUNTEER WITH SWANSEA NHS TRUST
SIGNATURE OF PARENT / GUARDIAN (IF UNDER 16)
RELATIONSHIP

## NOTE TO ALL APPLICANTS

**OFFICE USE ONLY**

Before you can be considered for appointment we need to be satisfied about your character and suitability. Please read the note for guidance before completing this section.

### CRIMINAL CONVICTIONS

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 of Offenders Act 1974(Exception) Order 1975. Applicants are therefore not entitled to withhold information, which for other purposes have expired under the provisions of the act and in the event of employment, any failure to disclose such convictions would result in dismissal or disciplinary action by the trust.. Any information given will be completely confidential and will be considered only in relation to an application for the position to which the order applies.

In addition, a disclosure check will be undertaken by the criminal Records Bureau. Therefore you must declare all convictions and even those which are 'spent' and any bind overs, cautions or final warnings.

Do you have any information to declare in relation to the above?

Yes  No

If yes then please give details on a separate sheet.

### THE TRUST RESERVES THE RIGHT TO SEEK AND OBTAIN REFERENCES.

Please ensure that all the information given is complete and accurate, both on this form and on supporting documentation. Failure to disclose all relevant information or to falsify information will be regarded as a serious offence, which may result in dismissal, regardless of how much time has elapsed since the commencement of employment.

Applications are welcomed from disabled persons, and a disability will not prejudice your application. Please state if you have a disability.

I do  I do not have a disability

Please provide details of your disability on a separate sheet

I confirm that the information given in this application is correct. I also understand that appointment is subject to satisfy medical fitness and satisfactory references. If appointed, I undertake to make known to my manager any change in this information which may occur after this date.

SIGNED

DATE

## PRIVATE AND CONFIDENTIAL

### EMERGENCY CONTACT DETAILS

Please give details of who we should contact in the case of emergency.

NAME

RELATIONSHIP

ADDRESS

POST CODE

TELEPHONE NUMBER DAYTIME

TELEPHONE NUMBER EVENING

TELEPHONE NUMBER MOBILE

### CRIMINAL CONVICTIONS

Disclosure form enclosed by Interviewer if appropriate

Before commencing volunteering, applicants are required to advise us of any past pending convictions. As Swansea NHS Trust works with vulnerable people, the majority of our positions are liable to a criminal records check. Swansea NHS Trust does not discriminate against ex-offenders.

I have no past or pending convictions

I have past or pending convictions

SIGNED

Please see 'Note To All Applicants'

### HEALTH

As part of the Swansea NHS Trust's commitment to diversity, the organisation wants to encourage people with disabilities to volunteer. In order to monitor how this is working we ask that all volunteers inform us of any health matter or disability that may affect the volunteering role you undertake with the Trust. This will help us ensure that any necessary adjustments can be made on the project and that we do not put your health and safety at risk.

Do you consider yourself to be disabled?

Yes

No

If you have any health matters or disabilities, please give brief details on a separate sheet of paper and put in an envelope. Staple the envelope to your application form so that this information remains confidential. You should also discuss this with your project manager so that they are aware of any support needed when assigning tasks.

# EQUAL OPPORTUNITIES MONITORING FORM

## CONFIDENTIAL SWANSEA NHS TRUST

Swansea NHS Trust aims to be an equal opportunities employer and to select staff solely on merit, irrespective of sex, race, disability, religious belief or sexual orientation.

In order to monitor the effectiveness of our equal opportunities policy, we require all applicants to provide the following information, This information will be treated as confidential. The form will be separated from the application form upon receipt by the Volunteer Services Department before consideration of the candidates takes place.

NAME

POST APPLIED FOR

LOCATION

please tick the appropriate boxes:

SEX

MALE  FEMALE

AGE

16-18  19-34  35-54  55-64  65+

WELSH SPEAKER

FLUENTLY  QUITE WELL  MODERATELY  A LITTLE  NOT AT ALL

DISABILITY DO YOU CONSIDER YOURSELF DISABLED UNDER THE DISABILITY DISCRIMINATION ACT (DDA)?

YES  NO

ETHNIC ORIGIN I WOULD DESCRIBE MY ETHNIC ORIGIN AS:-

WHITE  ANY WHITE BACKGROUND

ASIAN OR ASIAN BRITISH  INDIAN  PAKISTAN  ANY OTHER ASIAN BACKGROUND:

MIXED  WHITE AND BLACK CARIBBEAN  WHITE AND BLACK AFRICAN  WHITE AND ASIAN  
 ANY OTHER BLACK BACKGROUNDS:

BLACK OR BLACK BRITISH  CARIBBEAN  AFRICAN  ANY OTHER BLACK BACKGROUND:

OTHER ETHNIC GROUPS  CHINESE  ANY OTHER ETHNIC BACKGROUND:

PLEASE STATE WHERE YOU FOUND OUT ABOUT VOLUNTEERING OPPORTUNITIES AT SWANSEA NHS TRUST  
e.g \*press/journal/job centre/website (state which)

## PERSONAL DECLARATION

Swansea NHS Trust complies with the terms of the data Protection Act 1998. All information will be held by Swansea NHS Trust in a confidential manner. Swansea NHS Trust will not disclose any other information without your prior consent.

My emergency contact has given permission for Swansea NHS Trust to hold their details

I agree to references being taken up

I confirm that the personal information supplied is accurate

When accepted as a volunteer, I agree to abide by Swansea NHS Trust Policy

I understand that my work with Swansea NHS Trust may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times

SIGNATURE

DATE

Any false information given could affect your volunteering role.

## TO BE COMPLETED BY RECRUITING OFFICER

### INTERVIEWED BY

NAME

POSITION

DATE

SIGNATURE OF INTERVIEWER

TELEPHONE NUMBER

### PROJECT INFORMATION

PROJECT NAME

LOCATION

PROJECT ADDRESS

POST CODE

PROJECT TELEPHONE NUMBER

POSITION APPLIED FOR

### CHECKLIST

1. Have you attached a photograph to the front of this form?

2. Has the form been signed by:

applicant

parent/guardian if required

interviewer

3. Are reference details complete?

4. Are project details complete?

5. Has a criminal disclosure form been completed, if required?