A picture containing text

Description automatically generated

**Town Lane**

**Southport**

**PR8 6RE**

**www.queenscourt.org.uk**

****

**VOLUNTEER APPLICATION FORM**

**Role applied for: **

**Personal Details:**

Full Name:  Mr / Mrs / Miss / Dr / Ms: 

Address:  Telephone (Home): 

 Telephone (Mobile): 

Postcode:  Date 

Email: 

**Emergency Contact:**

Name:  Relationship: 

(eg. Partner, Child, Parent)

Home Telephone:  Mobile: 

**Important Information - please read and complete:**

Have you any previous Hospital / Hospice experience? **Yes/No**

If yes, in what capacity …………………………………………………………………………………………………..

Do you require a work permit to work in the UK? **Yes/No**

Do you have the legal right to work in the UK? **Yes/No**

If ‘Yes’ and there are conditions attached, eg. start and finish dates, please specify



**DISCLOSURE & BARRING SERVICE**

All posts within the Hospice are subject to a Standard, Enhanced or Enhanced with check against the barred list, whichever level is appropriate to the role.

**Do you have any unspent convictions, cautions, reprimands or warnings? Yes/No**

**REHABILITATION OF OFFENDERS (1974 Act)**

**Exception Order 1975 (2013)**

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these Cautions and Convictions can be found on the Disclosure & Barring Service website [www.gov.uk/dbs](http://www.gov.uk/dbs)

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant.

A criminal record will not necessarily be a bar to obtaining a position.

**PROFESSIONAL CONDUCT**

Are you currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health / social care professionals including such a regulatory body in another country? **Yes/No**

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following a fitness to practice investigation by a regulatory body, in UK or another country?

**Yes/No**

Professional Misconduct will be considered carefully at recruitment and will not necessarily be a bar to obtaining a position. **You will be required to give full details of the above at interview.**

**DECLARATION**

By signing my name in the box below, I am declaring that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading the Hospice has the right to dismiss me from volunteering duties. I also understand that any offer is subject to satisfactory references, disclosure and barring service check and production of requested documentation.

Signed  Date 

If you become a volunteer with Queenscourt Hospice, this form will be kept in your volunteer file, and some details (personal information) will be held on our volunteer database. Personal information requested from the Disclosure & Barring Service will be retained securely only for as long as it is relevant. All personal data will be held securely and used in accordance with the Data Protection Act 1998. The Hospice does not pass personal data to any other organisations.

---------------------------------------------------------------------------------------------------------------------------------------------

**How would you like to hear from us?**

In order to keep you updated of information relevant to your volunteering role, including available volunteer shifts and the monthly round up of Queenscourt News known as the Court Circular, we will need to contact you. Please indicate your communication preferences using the boxes below:

**Email Yes**  **No**  **Post Yes**  **No**  **Telephone Yes**  **No**

**Skills and Experience for those roles within the hospice or retail shops:**

What is your current/former occupation? 

Please tell us why you are interested in volunteering at Queenscourt:



Please describe any voluntary work experience you may have had:



Please describe relevant experience, training and qualifications that you may have:



Please inform us of any health issues or disabilities that we may need to accommodate in your role:



Have you suffered a bereavement of a close relative or friend recently? Please give brief details:

We suggest that people who have been personally bereaved wait for a minimum of 12 months before applying to volunteer in the hospice, to allow for a period of grieving.



**References:**

For those roles within the Hospice or shops, please give details of two referees (over the age of 18 and not relatives) who have known you for at least 12 months. If you are volunteering as part of an employer-supported volunteer scheme, references may not be required. For all other roles and if the role does not require money handling then you may supply just one referee.

1. Name:  2. Name: 

Address:  Address: 

 

Postcode:  Postcode: 

Telephone:  Telephone: 

Email:  Email: 

Email is a preferred method of communication, please provide one if possible.

**Confidentiality Statement**

Queenscourt encourages a climate of openness where we can express our views freely and so help to maintain high standards. We have a binding obligation not to disclose information concerning patients’ diagnosis, treatment or personal information, or to disclose information relating to members of staff or volunteers.

All of us have a duty of confidentiality to patients and their families. Unauthorised disclosure of personal information about patients or their families is regarded as a most serious matter, even where we believe we are acting in the best interests of the patients or their families when doing so. All information about patients, their condition, their family or circumstances is confidential. It should not be discussed even within the Hospice unless it is a necessary part of the patients care. Any such disclosures other than to staff immediately and properly concerned will be regarded as a serious breach of discipline.

The Corporate Services Director is the appointed Information Guardian to whom any possible breaches or risk of breaches of confidentiality should be reported.

|  |  |
| --- | --- |
| **I agree to keep all matters concerning Queenscourt, its patients and staff, in complete confidence and have read and understood the Confidentiality Statement above.** | (Please check this box to confirm) |
| **Confirmation Date:** |  |
|  |  |

**EQUAL OPPORTUNITY MONITORING FORM**

Queenscourt Hospice is committed to equal opportunity in its recruiting policy, practices and procedures. To help us to implement and monitor this policy we would appreciate you completing this form.

Completion of this questionnaire will not form any part of the recruitment process. The form will be separated from your application form on receipt and the information will be collated separately and used solely for monitoring purposes.

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Volunteer role you are interested in: **

**Gender** (please check the appropriate box)

Would you describe yourself as: Male  Female  Prefer not to say

**Disability** (please check the appropriate box)

Do you consider yourself to have a disability? Yes  No  Prefer not to say

**Religion and Belief** (please check the appropriate box)

Please tick the box that describes you:

Atheism  Buddhism  Christianity  Hinduism   Islam

Jainism  Judaism  Sikh  Other

Prefer not to say

**Ethnic Monitoring** (please check the appropriate box)

How would you describe yourself?

**White Asian or Asian British Mixed Heritage**

British Bangladeshi  White and African

English  Indian  White and Asian

Irish  Pakistani  White and Black Caribbean

Scottish  Any other Asian background  Any other Mixed background

Welsh

Any other White background

**Black or Black British Chinese and Other Ethnic Groups** **Prefer not to say**

African  Chinese

Caribbean  Any other Ethnic group

Any other Black background

**Sexual Orientation** (please check the appropriate box)

What is your sexual orientation?

Bisexual  Gay man  Gay woman/Lesbian  Heterosexual  Other  Prefer not to say

**Age** (please check the appropriate box)

What age group are you in?

16 – 25  26 – 30  31 – 35  36 – 40  41 – 45  46 – 50

51 – 55  56 – 60  61 – 65  66+ Prefer not to say

**Please ensure a completed copy of this monitoring form is submitted with your application form.**

**If you do not wish to provide any details, we would ask that you tick the ‘Prefer not to say’ box and submit with your application form.**