**Volunteer Application Form**

Please complete ALL sections of this form carefully.

# Personal Details

|  |  |  |
| --- | --- | --- |
| Mr ☐ Mrs☐ Ms☐ Miss☐ Other (please specify)☐ | | |
| Surname: |  | |
| First names: |  | |
| Address: |  | |
| Postcode: |  | |
| Telephone number (including area code): | |  |
| Email address: |  | |
| Date of birth: |  | |

**Role Matching Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous experience of voluntary work | | | | | | | | | | | | | | | | |
| Organisations | Dates | | | Duties undertaken | | | | | | | | | | | | |
|  |  | | | Please continue on another sheet if necessary | | | | | | | | | | | | |
| Do you have use of a private car? | | Yes ☐ | | No ☐ | | Do you hold a full driving licence? | | | | | | | Yes ☐ | | No ☐ | |
| Days available to volunteer | | Mon | ☐ | Tue | ☐ | Wed | | ☐ | Thur | ☐ | Fri | ☐ | Sat | ☐ | Sun | ☐ |
| Time available to volunteer | | Mornings ☐ | | | | | Afternoons ☐ | | | | | Evenings ☐ | | | | |

|  |  |  |
| --- | --- | --- |
| What do you wish to gain from volunteering with Healthwatch Norfolk?  Please continue on another sheet if necessary | | |
| What skills do you have to offer?  Please continue on another sheet if necessary | | |
| What sort of role(s) would you like to be considered for (if known):  Please highlight your three preferred roles listing them from 1-3 (where 1 is the role you would most like to pursue). | | |
| Enter and View (service user care, quality and experience)  Administrative and office support  Representing Healthwatch at meetings and forums | Recruiting members  Research activities  Public information events |  |
| (Please note, if you would like to be an ‘Enter and View Volunteer’, attendance to Enter and View training and an enhanced CRB check will need to be undertaken before you can start in this role). | | |
| Are there any activities that you do not want to be involved in due to your personal, social and/or religious beliefs?  Please continue on another sheet if necessary. Please note that this question is only being asked so that we can get the very best out of you as a volunteer. | | |
| Are you receiving any medical treatment? Yes ☐ | | No ☐ |
| Do you have any health related problems that may affect you volunteering? Yes ☐  If yes, please give brief details: | | No ☐ |

**Next of Kin (for contact in case of an emergency)**

|  |  |  |
| --- | --- | --- |
| Mr/Mrs/Miss/Ms/Other |  | |
| Surname: |  | |
| First name(s): |  | |
| Address and postcode: |  | |
| Contact telephone number (including area code): | |  |
| Alternative telephone or mobile number: | |  |
| Relationship to you: |  | |

**Referees**

Please give the name and address of two people from whom references may be sought concerning your application. Where possible at least one of your referees will have worked with you either as a volunteer or in professional employment.

Referee One

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address and postcode: |  | |
| Telephone number (including area code): | |  |
| Email: |  | |
| Relationship to you: |  | |
| Length of time known by you: | |  |

Referee Two

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address and postcode: |  | |
| Telephone number (including area code): | |  |
| Email: |  | |
| Relationship to you: |  | |
| Length of time known by you: | |  |

I understand that all information given to Healthwatch Norfolk will remain confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Rehabilitation of Offenders Act (1974) (Exemption Order 1975)

As you may be working with vulnerable adults it is necessary under the above order to ask the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been convicted of a criminal offence? | Yes | ☐ | No | ☐ |
| If you have answered ‘Yes’ please give details of any convictions: | | | | |

# The Healthwatch Norfolk Volunteer Policy

It is the policy of Healthwatch Norfolk to appoint the most appropriate volunteers and to provide equality of opportunity at all times. We will endeavor to assign people who have particular insight into a given service area. We do not discriminate against people because of race, colour, ethnic origin, sex, gender identity, age, sexual orientation, marital status, religion and personal belief or disability.

Data Protection and Confidentiality Statement

I confirm that the personal information supplied is accurate. I am willing to abide by the rules and uphold the ethos of Healthwatch Norfolk. I understand that my tasks with Healthwatch Norfolk may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times and not disclose any information about people using health and social care services, gained in the course of my volunteering to any outside person. I agree that my basic records may be kept on a database under the provisions of the General Data Protection Regulation and the Data Protection Act 2018, and I agree also that I may be contacted by Healthwatch Norfolk in writing or by telephone.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Thank you for taking the time to complete this Volunteer Application Form. Please return by email to [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk) .

Alternatively you can post your completed form to: Healthwatch Norfolk

Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, NR18 0SW [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk/) Tel: 01953 856029