



VOLUNTEER TEAM APPLICATION FORM – Liverpool / Wirral / Aintree

ABOUT YOU			
Full Name (and title)			
Address		Home Telephone	
		Mobile	
		Email	
		Date of Birth	
Occupation (current or previous)		National Insurance Number	
Please tell us a little bit about yourself....			
Do you have any voluntary experience?			
Do you have any skills, qualifications or hobbies?			
EMERGENCY CONTACT			
Title:			
Surname:			
Forename(s):			
Relationship:			
Address Line 1: <i>if different than above</i>			
Address Line 2:			
Address Line 3:			
Town:			
County:		Post Code:	
Contact Number(s):			

YOUR HEALTH

Are there any circumstances which could affect the kinds of voluntary work you could undertake?

We welcome applications from people with disabilities and will discuss suitable placements with you.

Have you suffered a bereavement within the last two years? YES/NO

Have you received treatment for cancer within the last two years? YES/NO

<i>Hours available</i>			<i>AM</i> 09.00-13.00			<i>PM</i> 12.00-16.00			10.00-14.00					
Monday			Tuesday			Wednesday			Thursday			Friday		
AM	PM	Late	AM	PM	Late	AM	PM	Late	AM	PM	Late	AM	PM	Late

Please note: no volunteers needed outside of these days and times.

REFERENCES	
Full Name	Full Name
Address	Address
Post Code	Post Code
Telephone	Telephone
Email	Email
Relationship	Relationship

For example a previous/present manager, co-worker, tutor. Referees must not be family members.

CONFIDENTIALITY AGREEMENT
Name of Volunteer (please print)
<p>Your attention is drawn to the confidential aspects of helping in the hospital.</p> <p>In the course of hospital service, volunteers may see or hear things of a confidential nature including information referring to the diagnosis and treatment of patients.</p> <p>This information must not be divulged to, or discussed with any person other than relevant staff. It must not be discussed, even with colleagues, in any public place, including public areas of the hospital. Any breach of confidence will result in the termination of your voluntary work with The Clatterbridge Cancer Centre NHS Trust.</p> <p>You should also be mindful that, regardless of any action taken by The Trust, a breach of confidence could also result in a civil action taken for damages.</p>
I have read and understood the above information
Signed: _____ Date: _____

Rehabilitation of Offenders Act 1974

Applicants for this post should note that it is covered by the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. They will be required to apply for a disclosure from the Disclosure and Barring Service (formerly Criminal Records Bureau and The Independent Safeguarding Authority) prior to being appointed to the volunteer team.

The Clatterbridge Cancer Centre NHS Foundation Trust Membership

All CCC staff, including Volunteer Staff, are automatically members of CCC NHS Foundation Trust. Information for members will be sent to the address you have provided.

FOR OFFICE USE ONLY

Form Received	Source
Invited for Interview	Date Attended
Identification Requested	Details
References Requested	Date Received
Invited for Training	Date Attended
DBS Disclosure Received	OH Clearance received
Advised start date	Actual Start Date

Please return the completed form to:

Mr. David Lee ***Volunteer Coordinator***

Mobile 0788 002 2782

David.lee3@nhs.net

ccf-tr.volunteersatccc@nhs.net

MONITORING INFORMATION

NHS organisations recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

Please state your date of birth	
Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

* Please indicate your ethnic origin		
<p>Asian or Asian British</p> <ul style="list-style-type: none"><input type="checkbox"/> Bangladeshi<input type="checkbox"/> Indian<input type="checkbox"/> Pakistani<input type="checkbox"/> Any other Asian background <p>Black or Black British</p> <ul style="list-style-type: none"><input type="checkbox"/> African<input type="checkbox"/> Caribbean<input type="checkbox"/> Any other Black background	<p>Mixed</p> <ul style="list-style-type: none"><input type="checkbox"/> White & Asian<input type="checkbox"/> White & Black African<input type="checkbox"/> White & Black Caribbean<input type="checkbox"/> Any other mixed background <p>White</p> <ul style="list-style-type: none"><input type="checkbox"/> British<input type="checkbox"/> Irish<input type="checkbox"/> Any other White background	<p>Other Ethnic Group</p> <ul style="list-style-type: none"><input type="checkbox"/> Chinese<input type="checkbox"/> Any other ethnic group <ul style="list-style-type: none"><input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

* Please indicate your religion or belief		
<ul style="list-style-type: none"><input type="checkbox"/> Atheism<input type="checkbox"/> Buddhism<input type="checkbox"/> Christianity<input type="checkbox"/> Hinduism	<ul style="list-style-type: none"><input type="checkbox"/> Islam<input type="checkbox"/> Jainism<input type="checkbox"/> Judaism<input type="checkbox"/> Sikhism	<ul style="list-style-type: none"><input type="checkbox"/> Other<input type="checkbox"/> I do not wish to disclose this