## Volunteer Application Form

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| **Volunteer Role:** | | **(Office use only)** | | PART A |
| **Location:** | **(Office use only)** | | **Candidate ID No.** |  |

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| **Fair Treatment Statement.**  No applicant will be unfairly discriminated against on account of their age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation and/or Trade Union membership/stewardship. | | | | | | | | | | | | | | |
| **Personal Details lease use BLOCK LETTERS when filling in details)** | | | | | | | | | | | | | | |
| Surname: | | | |  | | | | | | | | | | |
| Forenames: | | | |  | | | | | | | | | | |
| Title: |  | | | | | Name known by (if different) | | | | |  | | | |
| **Contact Details** | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | Telephone Numbers | | | |
| Day: | |  | |
| Evening: | |  | |
| City/Town: | | |  | | | | | | | | Mobile: | |  | |
| Post Code: | | |  | | | | Email: | |  | | | | | |
| If we need to, the best way for us to contact you is by: | | | | | | | | | | | | | | |
| **Emergency Contact Details** | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | Relationship: | | | |  |
| Telephone Number: | | | | | Daytime | | |  | | | | Evening | |  |

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| Have you previously worked for the NHS? | Yes | No |
| If Yes, please give details:  d d m m y y y y d d m m y y y y  Dates (Start) //(End) // | | |
| **Have you previous experience as a volunteer?** | Yes | No |
| If Yes, please give details:  d d m m y y y y d d m m y y y y  Dates (Start) //(End) // | | |

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| **Volunteer Role:** | | **(Office use only)** | | PART B |
| **Location:** | **(Office use only)** | | **Candidate ID No.** |  |

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| **Role applied for:** |
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| **Why do you want to volunteer?** |
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| **Please write below about your interests, skills, hobbies or pastimes, your likes or dislikes.** |
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| **Please detail below any special or additional needs required to help you to volunteer.** |
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| **Do you hold a full driver’s license?** | Yes | No |
| **Do you own a car?** | Yes | No |
| **If Yes, are you interested in becoming a volunteer driver?** | Yes | No |

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| **Volunteer Role:** | | **(Office use only)** | | **PART B** |
| **Location:** | **(Office use only)** | | **Candidate ID No.** |  |

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| **Footnotes and Declarations** |
| **Footnote (1)**  **The Rehabilitation of Offenders Act 1974 -** provides for many people who have been convicted of certain criminal offences the opportunity to have no need to refer to these convictions or the circumstances relating to them in the course of their daily lives. Certain convictions can, therefore, be regarded as “spent” after the lapse of a period of years under the terms of the Act.  NHS Scotland is exempt from the Rehabilitation Of Offenders Act 1974 (Exclusions & Exceptions) (Scotland) Order 2003.  This means that you must tell us about any previous convictions either classed as ‘spent’ or ‘unspent’.  Having a criminal record will not necessarily debar you from volunteering with NHS Lothian. This will depend on the nature of the position, together with the circumstances and background of your offences. If you are offered a volunteering position, any failure to disclose such convictions could result in dismissal or disciplinary action.  Any information you give will be considered only in relation to the post for which this application form refers. **Information will be verified by Disclosure Scotland.** |

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| **Convictions (Place an X in the appropriate box)** | | |
| I declare that I have: (a) No Convictions  (b) Previous Convictions – Details of which I give below | | |
| **Date** | **Offence** | **Sentence** |
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| **Footnote (2) Data Protection Legislation**  In processing any personal information or data we hold about you we will comply with the requirements of Data Protection Legislation. In particular all reasonable steps will be taken to ensure data is processed fairly, kept secure, protected against loss or damage & only disclosed (unless required by law or legal process) on a need to know basis. Under the Legislation you are entitled to ask us to provide copies of certain data we hold about you. |

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| **Declaration** | | | |
| I have completed Parts A to D of this application form and the details I have supplied are, to the best of my knowledge, true and complete;  I understand that if appointed to this post the information on this form will be kept as part of my personal file record;  I authorise NHS Lothian to obtain references in support this application.  I understand that NHS Lothian require the details included in this form which will only be used for specific and lawful purposes as stated in Data Protection Legislation. This information will be held in accordance with the board’s policies regarding confidentiality and data security.  I declare that I have no previous convictions, or have identified any I have above.  **Read, agreed and understood (check box)** | | | |
| **Signature:** |  | **Date:** |  |

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| **Volunteer Role:** | | **(Office use only)** | | **PART C** |
| **Location:** | **(Office use only)** | | **Candidate ID No.** |  |

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| **References** | | | | | |
| Please supply details of two (2) referees who have known you for over one (1) year, suitable referees would include: work colleagues, former teachers, employers, ministers of religion, club officials, neighbours, support workers and should be able to comment on your background and suitability for the post. **You should NOT use family members.**  Our screening also includes: Occupational Health | | | | | |
| **Referee (1)** | | | **Referee (2)** | | |
| **Name:** |  | | **Name:** |  | |
| **Designation:** | |  | **Designation:** | |  |
| **Address:** |  | | **Address:** |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| **City:** |  | | **City:** |  | |
| **Postcode:** |  | | **Postcode:** |  | |
| **Telephone:** |  | | **Telephone:** |  | |
| **Email:** |  | | **Email:** |  | |

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| **Disability (Place an X in the appropriate box)** |
| The Disability Discrimination Act 1995 and Amended Regulations 2005 defines disability as follows: “any physical or mental impairment which has a substantial adverse effect on a person’s ability to carry out normal day to day activities”. NHS Scotland is “Positive about disabled people”, and as such we provide job opportunities for disabled people.  NHS Scotland operates an Interview Guarantee scheme, which means that if you have a disability, and meet the minimum criteria outlined within the role description, you will be guaranteed a volunteer interview. However, some disabled people prefer not to take this option, so please tick your preference if you are a disabled candidate.  **Do you want to participate in the Guarantee Scheme? Yes**  **No** |

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| **To help us improve our service, please indicate where you heard about our volunteering service.** | | | | | | |
| Through a friend |  | From your family | |  | Through a volunteer |  |
| In a newspaper |  | On television | |  | On the internet |  |
| On the radio |  | Picked up a brochure | |  | While visiting a patient |  |
| From a Volunteer Centre |  | Through your church | |  | Through your club |  |
| From your Doctor |  | Other (please indicate): |  | | | |