**Volunteer Application Form**

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| Personal details |
| Name |  |
| Address |  |
| Telephone number |  |
| Mobile number |  |
| Email address |  |

Role you are applying for Please tick

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| --- | --- |
| Community Link Volunteer  |  |
| Enter and View Representative  |  |
| Board Member  |  |

When are you normally available?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday  | Tuesday  | Wednesday | Thursday | Friday  | Saturday | Sunday |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| How did you find out about this role? |

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| Why would you like to volunteer with Healthwatch South Tyneside? |

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| Tell us a little about how your skills and experience will be suitable, referring to the volunteer role description. |

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| Are you part of a community group or organisation (for example as a volunteer, trustee, staff member?) Please list all groups or organisations you are involved with. |

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| Referee contact details (one) |
| Name |
| Organisation | Job title |
| Address |
| Telephone number | Mobile number |
| Email address |

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| --- |
| Referee contact details (two) |
| Name |
| Organisation | Job title |
| Address |
| Telephone number | Mobile number |
| Email address |

Please provide an emergency contact

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |
| Relationship to you |  |

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| Do you have any access requirements or support needs? If so, please give details of any special arrangements or adjustments that would assist youto volunteer with us (for example large print, induction loop, wheelchair access). |

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| **Rehabilitation of Offenders Act 1974**In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending cautions or convictions, whether spent or otherwise, unless it is either a “protected caution” or a “protected conviction” under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for.Please specify below details of all and any past or pending cautions or convictions, whether spent or otherwise, except for protected cautions or convictions. If you have no past or pending cautions or convictions, please specify “None”.We ask everyone who works with vulnerable adults in a voluntary capacity to disclose all convictions, including spent ones, at this stage. This requirement is covered by the exemption order of 1975 relating to sections 4(2) and 4 (3b) of the Rehabilitation of Offenders Act 1974.Do you have any criminal convictions/cautions? Yes No*If ‘YES’ please give details in a separate letter and send with your registration form in an envelope marked ‘Confidential’.**Please note, a criminal record will not necessarily prevent you from volunteering with us, however, we reserve the right to conduct checks as necessary with the Disclosure and Barring Service (DBS)*Have you ever been convicted of a criminal offence? Yes No*If yes, please give details* Do you agree to undergo a Disclosure and Barring Service check? Yes No  |

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| **Declaration**I declare that the information I have given on this application form is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.I hereby consent to the Organisation processing the information supplied on this application form for the purposes of recruitment and selection. I accept that if my application is successful, this application form will form part of my personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.The information I have supplied on this form is a true and accurate account of my experience and suitability for this role.Signed DatePlease return this form to:Healthwatch South Tyneside Hebburn CentralGlen StreetHebburnNE31 1ABOr email your application to: t.rawle@healthwatchsouthtyneside.co.uk |

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| *Any information that you share with Healthwatch South Tyneside will be stored in accordance with the Data Protection Act 1998 & 2003.  We will not share any personal information unless you give express permission.*  |