



Looking after you locally

## Volunteer Application Pack

Thank you for your interest in volunteering with Norfolk Community Health and Care (NCH&C).

Please complete the information requested in the following pages and return it with a recent photograph of yourself to the volunteering team either by email [volunteering@nchc.nhs.uk](mailto:volunteering@nchc.nhs.uk) or by post to Norfolk Community Health and Care c/o Voluntary Norfolk, FREEPOST RTGE-HXGE-HLGY, St Clements House, 2-16 Colegate, Norwich, NR3 1BQ

If you need any assistance completing the paperwork, please don't hesitate to get in touch, either by email or by calling 01603 272336.



### Eligibility to volunteer

For volunteering placements with us:

- You must have the right to work in the UK, or have the appropriate visa, or be a refugee or asylum seeker
- You must be over 16
- Be willing to volunteer on a regular, usually weekly basis, for a consecutive six month period

### The next steps:



### Informal interview and background checks

Once we have received your completed application paperwork, if your application is appropriate for the role you have applied for, a member of the volunteering team will arrange to meet you for an informal interview and to carry out your DBS check. We will also contact your referees to request references for you. If you would like the opportunity to spend some time with an existing volunteer before you select a role with us, please let us know, and we will be happy to arrange this where possible.



### Induction training

Once your reference request and DBS check have been completed and are considered satisfactory we will arrange your induction training. Your induction training with the trust will include a ½ day session to welcome you and cover essential aspects such as confidentiality, safeguarding adults

and health and safety. If the role you choose is of a specialist nature, additional training may be required.



### Getting started

When you have completed your induction training, you will be officially welcomed to the Trust and provided with an ID badge to wear whilst on duty as a volunteer with us.

### About us:

The Norfolk Community Health and Care NHS Trust Volunteer Service is provided in partnership with Voluntary Norfolk. The Volunteer Service staff team are employed by Voluntary Norfolk to deliver the Volunteer Service for Norfolk Community Health and Care.

**VOLUNTARY  
NORFOLK**

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# Application for voluntary role



## SECTION A – Your Personal Details

Voluntary role applied for:			
Surname:		First Names:	
		Preferred Name:	
Telephone Number(s):			
Home Address:			
Email address:			
Age Band (please tick):			
17 <input type="checkbox"/>		18+ <input type="checkbox"/>	
Emergency contact details: (name and contact number)			
Do you consider yourself to have a disability or support needs which are relevant to your application?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details, including any additional support we may be able to offer to assist you in your volunteering role::			



## SECTION B – Your experience

What has motivated you to join as a volunteer with Norfolk Community Health and Care?			
Make new friends	<input type="checkbox"/>	Help with employment	<input type="checkbox"/>
Develop/refresh skills	<input type="checkbox"/>	Make use of spare time	<input type="checkbox"/>
Helping others	<input type="checkbox"/>	Referred by health professional	<input type="checkbox"/>
Gain confidence	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>

How did you hear about us? (e.g. family, friend, advert)

Present/previous occupation(s):

Have you any previous experience of volunteering? If so, please give details.

What skills/qualities would you bring to a volunteering role with Norfolk Community Health and Care?

What are your hobbies and interests?



**SECTION C – Your availability (please tick when you could be available)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please outline how much time you would like to commit to volunteering with Norfolk Community Health and Care? E.g. weekly, fortnightly

Please confirm that you will be available to volunteer regularly for six consecutive months, once you have started your placement:

Yes  No



**SECTION D – Any dislikes**

Are there any voluntary activities that you would not wish to undertake? Please give details.



## SECTION E – References

Please give details of two people (not relatives) who we can approach for references.

Reference 1		Reference 2	
Name	<input type="text"/>	Name	<input type="text"/>
Relationship to you	<input type="text"/>	Relationship to you	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone no.	<input type="text"/>	Telephone no.	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>



## SECTION G - Data Protection

Should your application to volunteer be successful, Norfolk Community Health and Care NHS Trust Volunteering service will securely store application forms, references, DBS details and any other related application and review paperwork for a limited period of time, as appropriate to the situation.

1. All documentation relating to active volunteers will be retained throughout their placement with the service.

2. Following departure from the service, the following details will be retained for a period of 2 years following exit:

- Name
- Volunteer role
- Location of role
- Start and end date of volunteering placement
- Any information which may be relevant should a volunteer wish to return to the Trust, e.g. if a problem solving procedure has been required

All other data will be destroyed.

3. Applications from individuals who do not go on to become a volunteer will be destroyed 3 months from application

4. Individuals have the right to request and receive all information held about them at any time.



## SECTION H – Contacting you

At Norfolk Community Health and Care NHS Trust Volunteer Service we take your privacy seriously and will only use your personal information to contact you about issues relating to your volunteering.

From time to time we would like to contact you with details of updates from our service, for example our quarterly newsletter.

If you consent to us contacting you for this purpose please tick to say how you would like us to contact you:

Email	<input type="checkbox"/>
Post	<input type="checkbox"/>
SMS	<input type="checkbox"/>
Phone call	<input type="checkbox"/>



## SECTION H - Declaration

I give my consent for Norfolk Community Health and Care NHS Trust in partnership with Voluntary Norfolk to hold and process personal information about me, in accordance with the described requirements.

I confirm that the above statements are true and correct, and understand that any misrepresentation will invalidate this form. I am prepared to undergo a medical examination if requested.

Signature:

Date:

**When you have completed this application form (and the monitoring form on the following page), please attach a recent photograph of yourself and return it to the:** Volunteering team using [volunteering@nchc.nhs.uk](mailto:volunteering@nchc.nhs.uk) or our freepost postal address, Norfolk Community Health and Care NHS Trust Volunteer Service, Voluntary Norfolk, FREEPOST RTGE-HXGE-HLGY, 2-16 Colegate, Norwich, NR3 1BQ.

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## Volunteer Diversity Monitoring form

We are seeking to recruit volunteers from all sections of our local community, and to promote equality of opportunity for all our volunteers. For this reason we ask all our volunteers to provide information as detailed below, so that we can monitor how representative we are, and if necessary take action to ensure that all groups in our society have equal access to our volunteering opportunities.

**Please be assured that your information will be treated in confidence, and also anonymised.**

Please complete this form by ticking the appropriate box for each question. If you would prefer not to answer any of the questions, then that is absolutely fine – you will see that there is a space for this with each question.

### 1. Gender, including Gender Identity

Male		Female		Non-binary or Intersex		Trans male	
Trans female				Other		Prefer not to say	

### 2. Age

17-24 yrs		35-44 yrs		55-64 yrs		Over 75 yrs	
25-34 yrs		45-54 yrs		65-74 yrs		Prefer not to say	

### 3. Disability

The Equality Act 2010 defines disability as “a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to undertake normal day-to-day activities”.



This includes “hidden disabilities” such as autism spectrum disorders, diabetes, epilepsy, dyslexia, dyspraxia, and also mental health problems.

Do you consider yourself to have a disability?

Yes		No		Prefer not to say	
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#### 4. Ethnic origin

White British		Black or Black British African		Mixed White & Asian		Asian or Asian Bangladeshi	
White Irish		Any other Black Background		Any other Mixed Background		Any other Asian Background	
Any other White Background		Mixed White & Black Caribbean		Asian or Asian British Indian		Chinese	
Black or British Caribbean		Mixed White & Black African		Asian or Asian British Pakistani		Other ethnic group	
Gypsy/ Romany		Traveller		Irish Traveller		Prefer not to say	

#### 5. Sexual orientation

Bisexual		Heterosexual (straight)		Homosexual / gay man	
Lesbian / gay woman		Asexual			
		Other – please specify		Prefer not to say	

#### 6. Religion and Belief

Buddhist		Atheist	
Christian		Sikh	

Hindu		No religion / belief	
Jew		Other – please specify	
Muslim		Prefer not to say	

## 7. Employment status

Not actively seeking work		Employed		Unemployed	
Retired		Student		Unable to work	
Government Training Scheme / Apprenticeship				Prefer not to say	