



Looking after you locally

Volunteer Application Pack

Thank you for your interest in volunteering with Norfolk Community Health and Care.

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 or by post to Integrated Volunteer Service, Main Building, Norwich Community Hospital, NR2 3TU.

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

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.



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 day session to welcome you and cover essential aspects such as confidentiality, safeguarding adults and health and safety. Depending on your role, you may be asked to complete additional online modules such as Infection Control and will have a local induction with the team you will be supporting.



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.

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Looking after you locally

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	No
If yes, please give details, including any additional support we may be able to offer to assist you in your volunteering role to ensure equality of opportunity:			



SECTION B – Your experience

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

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



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 F - Criminal Convictions

Because of the nature of the placement for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provision of the Act and in the event of placement. Any failure to disclose such convictions could result in the termination of that placement by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for a position to which the Order applies.

Do you have any convictions either spent or unspent under the Rehabilitation of Offenders Act 1974?
 YES NO

If yes, please give details, place, dates of offence(s) and sentence:

Date	Place	Offence	Sentence



SECTION G - Data Protection

Please note, by signing this application you give permission for these details to be kept on file.



SECTION H - Declaration

I confirm that the above statements are true 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: Integrated Volunteering team using volunteering@nchc.nhs.uk or our postal address, Integrated Volunteer Service, Main Building, Norwich Community Hospital, Bowthorpe Road, Norwich, NR2 3TU.

Volunteer Recruitment Monitoring Form

Your gender? **Please tick in a box as appropriate**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Your age? **Please tick in a box as appropriate**

16-24 yrs	<input type="checkbox"/>	35-44 yrs	<input type="checkbox"/>	55-64 yrs	<input type="checkbox"/>	Over 75 yrs	<input type="checkbox"/>
25-34 yrs	<input type="checkbox"/>	45-54 yrs	<input type="checkbox"/>	65-74 yrs	<input type="checkbox"/>		<input type="checkbox"/>

Do you consider yourself to have a long term illness, disability that limits your daily activity, or the work that you can do? Yes No

If Yes, please give details

Ethnic origin: This section uses the same categories as in the latest government census. We are therefore able to monitor if applications reflect local population. What do you consider to be your ethnic origin? **Please tick in a box as appropriate**

White British	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>	Asian or Asian Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black or British Caribbean	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>

What is your nationality?

What is your employment status? **Please tick in a box as appropriate**

Not actively seeking work	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>	Unable to work	<input type="checkbox"/>
Government Training Scheme	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

This monitoring information will help us check if our advertising is reaching all sections of the community and that the final selection decision is made on fair grounds. All information will be held in strictest confidence.