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# VOLUNTEER ENQUIRY FORM

# CONFIDENTIAL

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| --- | --- | --- |
| Title:  | First Name: | Surname: |
| Address: |
| Telephone Number: |  |
| Email Address: |  |
| Date of Birth: |  |

 Parental Consent is required for all volunteers under the age of 18.

I am aware that the person named on this enquiry form has applied to carry out voluntary work with Ashgate Hospicecare. I am aware of the role they have applied for

Signed………………………………………..Print……………………………………….

Relationship………………………………….Date……………………………………….

Contact Details: Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health conditions or disabilities that may affect you in your role?

Please detail below:

Do you have a Learning Disability? If you indicate Yes, we will contact you to discuss how we can support you through our application process

Yes No

How would you like us to contact you - By phone: By email:

 *Our Equal Opportunities Policy is available our website, or on request*

~~Yes No~~

~~If you answer yes, we can discuss this with you at the appropriate time.~~

Our expectation is that you will let us know of any changes to your health

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| Emergency contact details:Name:  Relationship to you:  Phone number:  Email (if known):Did anyone help you to complete this form? Yes:\_\_\_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Prior to Ashgate Volunteering Event we will expect you to participate in a Health and Safety briefing from our Income Generation Team and to abide by our values during the event**

Please tick the box to accept this :

I agree to a Health and Safety briefing before I volunteer for an event [ ]

I also agree to represent Ashgate Hospicecare in respect to it’s values which are : [ ]

Compassion

Teamwork

Respect

Open Inclusive

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| --- |
| **Information Governance & Declaration** |
| **All information processed by Ashgate Hospicecare adheres to data protection legislation, including the General Data Protection Regulation (GDPR). All information provided on this form will only be used to process your application to volunteer with Ashgate Hospicecare. All information will only be kept for as long as necessary and in line with our Records Management policy (a copy is available on request).** **I understand that appointment as a volunteer will be subject to all the information in this application, including that relating to criminal convictions, being complete and correct and that any false information given may invalidate this application or lead to a cessation of volunteering****Signature: …………………………………………………………..Date: ……………………………..** |

**Please return the application form to: Volunteering, Ashgate Hospicecare, Ashgate Road, Old Brampton, Chesterfield, Derbyshire, S42 7JE, Tel: 01246 568801, E-mail:** **volunteering@ashgatehospicecare.org.uk**

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| --- | --- | --- | --- |
| Surname: |  | Forename: |  |
| Criminal record declarationDo you have any convictions, cautions, reprimands or final warnings which are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? Y/N \_\_\_\_\_If you have answered yes, you now have two options on how to disclose your criminal record. Option 1: Please provide details of your criminal record in the space below. Option 2: You can disclose your record under separate cover provided that you mark a cross on the line below and attach the details in an envelope stapled to this form. The envelope should be marked CONFIDENTIAL and state your name and the details of the post.I have attached details of my conviction separately\_\_\_\_\_ (Please mark with an X if appropriate.) |
| DECLARATIONI declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role at Ashgate HospicecareSigned: Date:  |

**Please return this form to: The Volunteer Development Team**