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# Ashgate Hospice Volunteer Enquiry Form

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

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| Which role are you interested in?  If it is in retail, please indicate which shop or location |

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| Why do you want to volunteer at Ashgate Hospice? |

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| Can you commit to volunteering each week?  Or less often than this? (It would help if you could give an indication, so we can match you with the right role) |

Days and times available:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick all that apply or enter YES | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

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| Please tell us about any knowledge, skills & experience that could contribute to the role you are applying for: |

As a healthcare provider, it is very important to us that our staff and volunteers have the annual flu jab and the COVID vaccination as we believe having the vaccinations not only protects you but also helps us to keep our patients, staff, volunteers, visitors and supporters safe.

Please could you provide the dates of your COVID Vaccinations

Date of 1st Vaccine

Date of 2nd Vaccine

Date of Booster Vaccine

Please tick the box below if you have not been vaccinated

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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

If you have answered Yes to the above question, 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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| Roles within the IPU, day hospice and supportive care will be subject to DBS clearance and satisfactory references. Some of our roles involving direct patient contact are exempt from the Rehabilitation of Offenders Act 1974.  Please complete the necessary information if required for the role. Please contact the volunteer team if unsure.  References  Please provide the names, addresses, email address and telephone number of two referees. For retail only one reference is required. These should be from someone that can vouch for your suitability and capability to be able to carry out the role. This must be someone that has known you for at least two years. We cannot accept references from family members.  Please provide an email address where possible as this will speed up the application process. | |
| Reference 1 | Reference 2 |
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Contact number: | Contact number: |
| Email: | Email: |

Parental Consent is required for all volunteers under the age of 18. Parents/Guardians will be invited along to interview, although it is not mandatory that you attend.

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

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

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

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

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

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| **Information Governance and Declaration** |
| **All information processed by Ashgate Hospice 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 Hospice. 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 Hospice, Ashgate Road, Old Brampton, Chesterfield, Derbyshire, S42 7JD**

**Tel: 01246 568801**

**Email:** [**volunteering@ashgatehospice.org.uk**](mailto:volunteering@ashgatehospicecare.org.uk)

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| Surname: |  | Forename: |  |
| Criminal record declaration  Do 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.) | | | |
| DECLARATION  I 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 Hospice.  Signed: Date: | | | |

**Please return this form to: The Volunteer Development Team at volunteering@ashgatehospice.co.uk**