

SPRINGHILL HOSPICE (ROCHDALE)

Broad Lane
Rochdale
OL16 4PZ



(In Confidence)

VOLUNTEER APPLICATION FORM

Please complete in *block capitals in black ink or typescript.*

PERSONAL DETAILS

(Mr/Mrs/Miss/Ms/Dr)

FORENAMES: _____ SURNAME: _____

MAIDEN/PREVIOUS NAME: _____ DATE OF BIRTH: _____

DRIVING LICENCE HOLDER: YES/NO CAR OWNER: YES/NO NMC PIN NO: _____
(if applicable)

ADDRESS: _____

_____ POST CODE: _____

HOME TEL: _____ WORKS TEL: _____ EMAIL ADDRESS: _____

AVAILABILITY

	am	pm	eve (Hospice only)		am	pm	eve (Hospice only)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Hospice
am = 9am – 1pm
pm = 1pm – 5pm
eve = 5pm – 9pm

Shops
9.45 am – 1.15 pm
1.00 pm – 4.15 pm

AREAS IN WHICH YOU WOULD BE INTERESTED:

- | | | | |
|-----------------------|--------------------------|------------------|--------------------------|
| Nursing | <input type="checkbox"/> | Reception | <input type="checkbox"/> |
| Care Assistant | <input type="checkbox"/> | Driving | <input type="checkbox"/> |
| Day Hospice | <input type="checkbox"/> | Flower Arranging | <input type="checkbox"/> |
| Alternative Therapies | <input type="checkbox"/> | Gardening | <input type="checkbox"/> |
| General Volunteer | <input type="checkbox"/> | Driving | <input type="checkbox"/> |
| Lottery | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |

SHOPS

- Yorkshire Street
- Oldham Road
- Whitworth
- Littleborough
- Furniture

REFERENCES

Please give the names and addresses of two referees

1. _____

2. _____

REHABILITATION OF OFFENDERS ACT

This job may involve contact with patients. You must, therefore, declare any convictions you may have had including those considered as spent under the above Act. Posts involving access to children are subject to Home Office Circular 44/1986. Any information given is, of course, in confidence and considered only in relation to the job for which you are applying. Have you ever been convicted of any criminal offence (other than driving offences not resulting in disqualification)?

YES NO If YES, please send confidential letter of explanation to the Chief Executive at Springhill Hospice

PROFESSIONAL/REGULATORY BODY

Are you the subject of any current investigation or proceedings by a professional or regulatory body in the UK or any other country?

YES NO If YES, please give details on a separate sheet of paper.

Have you ever been disqualified from the practice of a profession or required to practice under specific limitations?

YES NO If YES, please give details on a separate sheet of paper.

Have you ever been referred to, or included on, a POVA list:

YES NO If YES, please give details on a separate sheet of paper.

ADDITIONAL INFORMATION

Please show any other information that you feel would support your application, i.e. general interests, hobbies, membership of relevant clubs or associations or any other work or non-work experience you feel appropriate.

DATA PROTECTION NOTIFICATION:

(Please read carefully before signing this application)

The information you have provided in completing this application form will be used to process your application for volunteering. Springhill Hospice will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

AUTHORISATION: I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.

SIGNED: _____ DATE: _____

DECLARATION

I declare that the information given on this form and supporting documents, is complete and correct to the best of my knowledge. I understand that should I be employed by Springhill Hospice and at a later date this information is found to be incomplete or incorrect this may be considered as just reason to terminate my position as a volunteer.

SIGNED: _____ DATE: _____

**SPRINGHILL HOSPICE IS AN EQUAL OPPORTUNITIES EMPLOYER AND HAS A NO SMOKING POLICY.
ALL POSTS ARE SUBJECT TO A CRB/POVA CHECK. IF YOU REQUIRE MORE INFORMATION ON THIS
PLEASE REFER TO www.crb.gov.uk**

For Office Use Only

CRB Reference Number _____ CRB Countersignature Signature _____

Date of Interview _____ Date Commenced _____

References Returned 1 2 Induction Attended _____

Emergency Contact _____