



(In Confidence)

VOLUNTEER APPLICATION FORM (RETAIL)

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

PERSONAL DETAILS

FORENAMES: _____ (Mr/Mrs/Miss/Ms/Dr) SURNAME: _____

DATE OF BIRTH: _____ TEL: _____

ADDRESS: _____

PLEASE STATE WHICH SHOP YOU REQUIRE:

Yorkshire Street	<input type="checkbox"/>	Whitworth	<input type="checkbox"/>
Oldham Road	<input type="checkbox"/>	Littleborough	<input type="checkbox"/>
Oldham Road Furniture	<input type="checkbox"/>		

AVAILABILITY

	am	pm		am	pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>			

Hours
Morning 9.45 am – 1.15 pm
Afternoon 12.45 pm – 4.15 pm

REFERENCES

Please give the names and addresses of two referees.

1. _____

2. _____

ADDITIONAL INFORMATION

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

MEDICAL

Please give details of any health problems. A medical condition will not necessarily prevent you from volunteering with us

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

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: _____

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO:
 Mrs D. Swire
 Springhill Hospice Centre
 425 Oldham Road
 ROCHDALE
 OL14 3SZ

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 <input type="checkbox"/> 2 <input type="checkbox"/>	Induction Attended _____
Emergency Contact _____	