

VOLUNTEER APPLICATION FORM

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

NOTES FOR POTENTIAL VOLUNTEERS: PLEASE READ CAREFULLY

1. USE

This is the standard application form completed by all volunteer applicants.

2. EQUAL OPPORTUNITIES

The Trust is committed to employing a diverse workforce and will not discriminate against applications from individuals because of their gender, marital status, ethnic origin, age, sexuality, disability, religion, political or trade union affiliation. In order to monitor our policy we would be grateful if you would complete the monitoring section of this form. The provision of this information is entirely voluntary and, although it would be helpful to the Trust for monitoring purposes, if you do not wish to complete any section, please leave it blank.

3. REHABILITATION OF OFFENDERS ACT 1974

The post for which you are applying is exempt from the provisions of Section 4(2) of the Act. You are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

If successful your appointment will be subject to Disclosure via the Criminal Records Bureau.

4. CURRICULUM VITAE

In the interests of equal opportunities the Trust will not accept CVs to support your application; it is therefore vital that you provide all information on the application form. Any CVs that are submitted will not be used in the shortlisting or interview process.

5. COMPLETING THE FORM

Your application form is regarded as highly confidential and will remain with the Volunteer Services Manager.

Certain information provided by you on this form will constitute sensitive data under the Data Protection Act 2018. By providing us with this information, you will be deemed to have explicitly consented to the Trust using such information for the purposes identified on this form. Please see our privacy policy <https://bright.northumbria.nhs.uk/privacy-policy/>
If you would like a printed version, please contact volunteers@northumbria.nhs.uk

Personal Details

*Surname/Family Name	
*First Names	
Title	
UK National Insurance No	
Address	
*Postcode/ Zip code	
* Country	
Home Telephone	
Mobile Telephone	
Work Telephone	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select the category that relates to your current immigration status. This status will be subject to checking before interview.	
<div> <input type="checkbox"/> HSMP/Tier 1 <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday Visa/Tier 5 Youth Mobility </div> <div> <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Tier 5 Temporary Workers <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below </div>	

Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.	
Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of Restriction:	
Does your visa have a condition restricting employment or occupation in the UK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Department of Work & Pensions New Deal Candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an NHS professional returning to practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the NHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a disability, do you require any reasonable adjustments to be made during the recruitment process, including interview?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please supply details below;	
If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the Person Specification?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

MONITORING INFORMATION

This section of the application form will be detached from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of applicants and appointees to jobs in support of their equal opportunities policies.

NHS Organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome applications from all sections of the community.

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian Background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Employment Equality Regulations 2003

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010

The Equality Act 2010 protects disabled people – including those with long term health conditions, learning disabilities and so called “hidden” disabilities such as dyslexia. If you tell us that you have a disability, we can make reasonable adjustments to ensure that any selection processes – including the interview – are fair and equitable.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other.'	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become ‘spent.’ During the rehabilitation period, convictions are referred to as ‘unspent’ convictions and must be declared to employers.

The NHS aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion or belief, disability, sexual orientation and age. The NHS undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

If you are applying for a post involving access to persons in receipt of health services, your offer of employment may be subject to a satisfactory criminal record check. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Individuals applying for positions which involve ‘regulated activity’ are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of ‘regulated activity’ is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 which came into force on 10 September 2012.

Are you currently bound over, or do you have any unspent convictions issued by a Court or Court Martial in the UK or any other country?

☐ Yes ☐ No

If yes, please supply details below;

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Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

To protect certain vulnerable groups within society, there are a number of posts within the NHS that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are 'spent' under the provisions of the Act. If you are successful with this application, any failure to disclose such information could result in dismissal or disciplinary action. Any information provided will be confidential and will be considered only in relation to posts to which the Order applies.

All individuals applying for positions which involve 'regulated activity' are required to have an enhanced criminal record check and, where appropriate to the role, this check will also include any information which may be held against the barred lists for working with children and/or adults.

The full definition of 'regulated activity' is defined in full under the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) which came into force on 10 September 2012.

Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?
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<input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. Please note you do not need to tell us about parking offences.

Has your name ever appeared on the Protection of Children's List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Children's List?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your name ever appeared on the Protection of Vulnerable Adults List or have you ever been referred to the Independent Safeguarding Authority (ISA) for consideration of barring against the Vulnerable Adults List?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Relationships

If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship

Previous Employment

Please record below the details of your previous employment, (minimum 3 years) beginning with the most recent first. Up to 5 previous employments can be entered here. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			

Description of your duties and responsibilities

Supporting Information

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying you should include details about research experience, publications or poster presentation, clinical care (knowledge and skills) and clinical audit.

Supporting information (Please continue on additional sheets if necessary).

* DECLARATION

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

I agree to the above declaration			
Signature			
Name		Date	

AVAILABILITY FOR VOLUNTARY WORK:
(please tick appropriate boxes)

Please state which hospital you would like to volunteer at:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
By arrangement <input type="radio"/>							

REASONS FOR VOLUNTEERING:	
To gain skills/ knowledge <input type="radio"/>	To meet new people/ socialise <input type="radio"/>
To do something useful <input type="radio"/>	To gain confidence <input type="radio"/>
To acquire a reference <input type="radio"/>	
Other (please specify):-	

How did you become aware of the possibility of volunteering for Northumbria Healthcare NHS Foundation Trust?

References

Please state the names and contact details of the people who have agreed to supply references covering a minimum of 3 years employment/training. If you are or have been employed, these should include your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of some standing within your community i.e. doctor, solicitor, MP etc. Where it is not possible to obtain any employer reference at all then please obtain two personal references. Where no personal reference can be obtained then references should be sought from personal acquaintances not related to or involved in any financial arrangement with you. If you have undergone training to return to work then the academic institution should be contacted. Personal references such as friends and relatives are not acceptable unless stated previously.

For individuals who have not been employed for a number of years references maybe sought from friends but **not** family members.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title			

*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code/ Zip Code		*Country	
Telephone		Fax	
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE RETURN THIS APPLICATION FORM TO THE ADDRESS BELOW.

**Volunteer team
Northumbria House
Unit 7/8 Silver Fox Way
Cobalt Business Park
Newcastle upon Tyne
NE27 0QJ**

If you have any queries, please contact Volunteer team on 0191 203 1354 or volunteers@northumbria.nhs.uk