



STUDENT VOLUNTEER APPLICATION

All personal details on this form will be treated in confidence. Please complete this form in black ink or type and return to: -

Voluntary Services, Norfolk & Norwich University Hospital, Level 1, West Annexe 2, Colney Lane, Norwich NR4 7UY

PERSONAL DETAILS

Surname _____ Title _____

Forenames _____

Postal Address _____

Post Code _____

Telephone No: Home _____ Mobile _____ Work _____

E-mail Address _____ National Insurance No: _____

Age Band (please tick) 16/17 18/20 21/64

The Equality Act 2010 defines a person as having a disability if he or she “has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities”.

Do you have such a disability? Yes No

Please state below which days each week you will be regularly available (minimum 4 hour requirement)

Days: _____ Times: _____

Please give details of any other voluntary work that you have been or are involved in:

Are you interested in any particular area of Voluntary Work and why?

Do you have any previous experience with the NHS as a Volunteer or an Employee? Yes No

Please give details

Please give details of courses being studied and where:

Please confirm that you would be available for at least 6 months if successful

REFEREES

Please note below the names, addresses and telephone numbers of 2 people (NOT a relative) we may approach for a reference. E.g. employer, voluntary organization manager, or a personal reference from someone who has known you for at least 3 years. Please give School or College reference if you are a student.

Referee One

Name _____

Address _____

Post Code _____

Telephone No. _____

Email. _____

Referee Two

Name _____

Address _____

Post Code _____

Telephone No. _____

Email. _____

Do you consent for us to approach you referees prior to interview? Yes No

ENTITLEMENT TO BE A VOLUNTEER IN THE UK

If requested to attend for interview please bring your national insurance card or passport as proof of your entitlement to work in the United Kingdom.

Please give details of any criminal convictions (with dates) in the space below or write NONE if you have no convictions.

Because of the nature of the placement for which you are applying, this placement is exempt from the provisions of section 4 (2) of the Rehabilitations of Offenders Act 1974. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of obtaining a placement, failure to disclose relevant convictions could result in the termination of that placement by the Trust.

Any information given will be treated on a completely confidential basis. Further advice is available, on a confident basis from the Human Resources Department.

DECLARATION

I understand that if I am accepted as a volunteer this in no circumstances constitutes any contractual employment agreement with the Norfolk & Norwich University Hospitals NHS Foundation Trust.

I give permission for Norfolk & Norwich University Hospitals NHS Foundation Trust to contact the named referees.

I understand that the information on this form will be stored in both manual and electronic files and is subject to the provision of the GDPR (General Data Protection Regulations) May 2018.

The GDPR (General Data Protection Regulations) is implemented in May 2018 and requires that consent will have to be freely given, specific, informed and revocable. The GDPR privacy notice sets out to how we store and process your personal data, our legal justification for doing this, and your rights including erasure, restricted access, data mobility and your right to object.

Details of the GDPR can be viewed on the Norfolk & Norwich University Hospitals NHS Foundation Trust website under volunteering. Alternatively, you can request a copy by calling the Volunteer Office on 01603 286060.

CONFIDENTIALITY

I understand that any matters of a confidential nature, in particular information relating to the diagnosis and treatment of patients, individual staff records and detail of contract prices and terms, must under no circumstances be divulged or passed on to any person or persons. A breach of confidentiality may result in termination of the placement. I understand that there will be no payment for duties performed in a voluntary capacity and that it may be necessary to change my place of duty within the hospital.

NAME

DATE

SIGNATURE

APPLICATION FOR VOLUNTEERING- RECRUITMENT MONITORING

The Trust is committed to working towards equal opportunities irrespective of age, disability, ethnic origin, gender or sexual orientation. Monitoring of selection processes takes place to assess the effectiveness of our equal opportunities policy. Would you please assist by completing this form.

All information supplied will be treated confidentially. The form will be separated from your application and will not be used at any stage in the selection process.

Placement applied for: Hospital Volunteer _____ Date _____
Meet & Greet _____

Name of Volunteer _____

1. Date of Birth _____

2. Are you Female? Male

3. The Disability Discrimination Act 1995 defines a person as having a disability if he or she "has a physical or mental impairment which has a substantial and long-term effect on his or her ability to carry out normal day to day activities"? Do you have such a disability? Yes No

4. What is your ethnic origin? – please tick the appropriate category

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| A White British | <input type="checkbox"/> | H Asian or Asian British Indian | <input type="checkbox"/> |
| B White Irish | <input type="checkbox"/> | J Asian or Asian British Pakistani | <input type="checkbox"/> |
| C White any other White background | <input type="checkbox"/> | K Asian or Asian British Bangladeshi | <input type="checkbox"/> |
| D Mixed White & Black Caribbean | <input type="checkbox"/> | L Asian or British any other background | <input type="checkbox"/> |
| E Mixed White & Black African | <input type="checkbox"/> | M Black or Black British Caribbean | <input type="checkbox"/> |
| F Mixed White & Asian | <input type="checkbox"/> | N Black or Black British African | <input type="checkbox"/> |
| G Mixed any other background | <input type="checkbox"/> | P Black or Black British any other background | <input type="checkbox"/> |
| | | R Other Ethnic Groups Chinese | <input type="checkbox"/> |
| | | S Other Ethnic Groups any other Ethnic Group | <input type="checkbox"/> |

5. Are you currently employed by this Trust? YES NO

If Yes, please give details of the post: Post Title _____

Grade _____ Department/Ward _____ Personal No. _____

6. Where did you hear about Hospital Volunteering? _____

Please return this form with your Application Form

Office Use:

Taken on as Volunteer

YES ___ NO ___

Data Analysis completed by Human Resources Department