



VOLUNTEER APPLICATION FORM

(please note we are unable to accommodate volunteers under the age of 16 due to safeguarding)

Personal Details:

Surname: Maiden Name (if applicable):	Forenames:	Title
Home address		Address for correspondence (if different)
Telephone numbers: Daytime:	Evening:	Mobile:
Email address:		National Insurance No:
Nationality: Do you automatically have the right to work in the UK? Yes/No If not, do you have a visa? (Please give details)	Have you a current driving licence? YES / NO* If YES give details, including any endorsements, eg car, HGV, PSC etc	

Please tick to indicate any area of volunteering that may be of interest to you.

Care	Facilities & Admin
<ul style="list-style-type: none"> • Catering Volunteer <input type="checkbox"/> • Clinical Team Volunteer <input type="checkbox"/> • Car Administration <input type="checkbox"/> • Volunteer Family Support <input type="checkbox"/> 	<ul style="list-style-type: none"> • Receptionist <input type="checkbox"/> • Volunteer Driver <input type="checkbox"/> • Facilities Support <input type="checkbox"/> • Volunteer Gardener <input type="checkbox"/> • Volunteer Handyman <input type="checkbox"/> • Volunteer Kitchen Assistant <input type="checkbox"/>

Author: Director of Human Resources
 Implementation Date: October 2011
 Updated: August 2013
 Review: August 2014
 Responsibility: Director of HR/Director of Nursing
 Approved: CEO

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<p>Fundraising</p> <ul style="list-style-type: none"> • Charity Bucket Collector <input type="checkbox"/> • Events Supporter <input type="checkbox"/> • Events Administration <input type="checkbox"/> • Volunteer Presenter <input type="checkbox"/> 	<p>Admin</p> <ul style="list-style-type: none"> • Red House Box Admin Support <input type="checkbox"/> • Red House Box Admin Collector <input type="checkbox"/> • Red House Box Admin Co-ordinator <input type="checkbox"/>
<p>Marketing</p> <ul style="list-style-type: none"> • Volunteer Marketing administrator <input type="checkbox"/> 	<p>Retail</p> <ul style="list-style-type: none"> • Online Sales Co-ordinator <input type="checkbox"/> • Retail Assistant (Epping) <input type="checkbox"/> • Retail Assistant (Chingford) <input type="checkbox"/> • Volunteer Warehouse Assistant <input type="checkbox"/>

Please indicate the time you wish to offer

- On a weekly basis – Mon/Tues/Wed/Thurs/Fri/Sat/Sun
- Hours
- During school holidays only
- During term time only
- Once or twice a month
- Once or twice a year
- Once as part of a group

Have you had bereavement in the family or death of a close friend within the past two years?

<p>YES/NO*</p> <p>If yes, give details.</p>

Education, Training and Qualifications

School, College or University (cont overleaf)	Level of Qualification attained	Year

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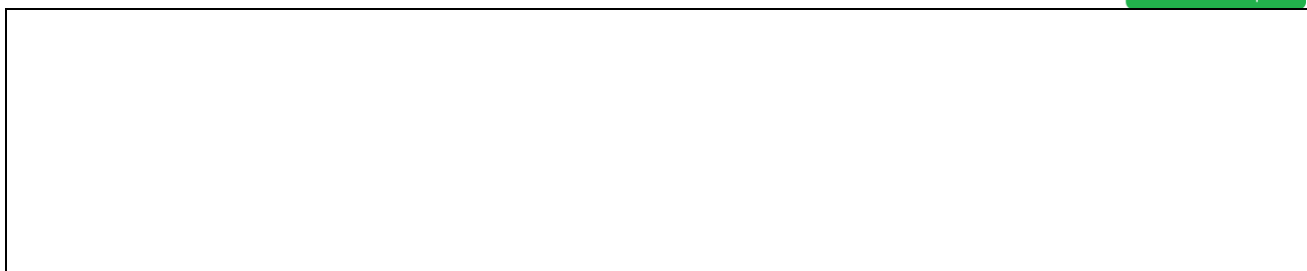
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Membership of Professional Body/Qualifications

Name of professional body	Qualification Awarded and Year

Training and Development

Please give details of any relevant training other than that identified above:



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Qualified Nurses Only

Registered Qualifications (Please list)
Date of Qualifying: PIN/Reg No: _____ Expiry: _____

Employment History (current or most recent employer first) including all work experience either paid or voluntary. Please also include any gaps in employment.

From - To	Name and Address of Employer	Job Title, Main Duties and Responsibilities	Final Salary & Reason for Leaving

Please use additional sheet if required

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References

Please provide details of two people who we can approach for a reference. The first should be your present manager (or last manager if you are not currently working or volunteering). If you have just left education, please provide the details of your course tutor. References from family members will not be accepted. If you provide details of a personal referee, it should be someone who has known you for at least five years.

Name:	Name:
Job Title:	Job Title:
Company Name & Address:	Company Name & Address:
Telephone Number (work):	Telephone Number (work):
Telephone Number (other):	Telephone Number (other):
Relationship to you:	Relationship to you:
May we approach them prior to interview?	May we approach them prior to interview?

Leisure

Please note here your leisure interests, sports, hobbies etc including positions of responsibility held.

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Language Skills

Which languages other than English do you speak and/or write (tick if fluent)					
	Speak	Write		Speak	Write
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Statement

Please use this page to describe details of your experience, knowledge, skills and abilities. You should detail why this makes you a suitable candidate to volunteer for Haven House.

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Criminal Convictions

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act do not apply to any employment which is concerned with the provision Of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? YES / NO

Additional Declaration required in accordance with The Care Standards Act 2000

Please answer the following questions:	
1. Are you currently the subject of any police investigation and/or prosecution, in the UK or any other country?	YES / NO
2. Have you ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK, or a criminal conviction in any other country?	YES / NO
3. Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country?	YES / NO
4. Have you ever been disqualified from the practice of a profession or required to practise it subject to specified limitations following a fitness to practice investigation by a regulatory body, in the UK or another country?	YES / NO
5. Has any action ever been taken against you by a local authority, voluntary agency or Policy Authority relating to a child or children under the age of 18 years?	YES/NO

DECLARATION (Please read this carefully before signing the Application Form for this post)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.

I have not attempted to influence any employee of Haven House Children's Hospice in connection with this application.

I understand that deliberately providing false information, failing to disclose relevant information or attempting to influence the recruitment process unfairly may lead to my application being withdrawn, any offer of engagement being withdrawn, or actual employment being terminated.

I note that the information provided on this application form may be held, further processed or verified in accordance with the Data Protection Act 1998.

Signed:

Dated:

Please contact us if you need this application form in an alternative format or if you need any adjustment for any potential interview.



Please return completed form to: Haven House Children's Hospice, HR/Volunteering Team, The White House, High Road, Woodford Green, Essex IG8 9LB

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