Section 1: Contact details

|  |  |
| --- | --- |
| **Preferred Title:** | **Name:** |
| **Address:** |
| **Telephone No:** | **Mobile No:** |
| **Email Address:** |

**Please indicate your preferred method of contact:**

Email[ ] Telephone[ ] Post[ ]

Section 2: Volunteer role

**If applicable, please indicate the volunteer role of interest:**

|  |  |  |  |
| --- | --- | --- | --- |
| Enter & View Authorised Representative | [ ]  | Engagement Support | [ ]  |
| Community Support | [ ]  |  |  |

Section 3: About you

|  |
| --- |
| **Motivation for Volunteering**What made you decide to become a volunteer with us and is there anything you hope to get out of volunteering with us? |
|  |
| **Is there anything else you would like to tell us about yourself?** |
|  |

|  |
| --- |
| **Skills and Qualities**Please tell us about the key skills and qualities you can bring to the volunteering role |
|  |
| **Experience**Do you have any experience that might help you in this role? |
|  |

 **Do you have any additional needs which may affect your volunteering?
e.g. health, access etc.**

**Please tell us about your availability and how often you can give your time**

**Do you have a driving license and access to a car?**

Section 4: Referees

Please provide the names and contact details of two people who have known you for at least two years and are not family members

|  |  |
| --- | --- |
| **Name** | **Name** |
| **Address** | **Address** |
| **Telephone** | **Telephone** |
| **Email** | **Email** |
| **How do you know this person?** | **How do you know this person?** |

Section 5: Declarations

**CRIMINAL RECORD**

We ask everyone who works with vulnerable groups in a voluntary capacity to disclose all convictions, including spent ones at this stage. This requirement is covered by the exemption order of 1975 relating to sections 4(2) and 4(3b) of the Rehabilitation of Offenders Act 1974.

**Do you have any criminal convictions/cautions? Yes** [ ]  **No** [ ]

If ‘YES’ please give details in a separate letter and send with your application form in an envelope marked ‘Confidential’.

Please note, a criminal record will not necessarily prevent you from volunteering with us, however, we reserve the right to conduct checks as necessary with the Disclosure & Barring Service (DBS).

**DATA PROTECTION**

The information provided on this application form will remain private and confidential and will be used for the purpose of selection. The information you may provide will be used by Healthwatch Shropshire in the future for administrating or delivering our services. We will not disclose this information to any other person or organisation except in connection with the above purpose. We may wish to process this information for administration and this will take place in accordance with the provisions of the Data Protection Acts 1984 and 1998. We may approach third parties such as your referees to verify the information that you have given. By signing this form you will be providing us with consent to all these uses.

**ELIGIBILITY TO VOLUNTEER**

Individuals from outside the UK who volunteer with us are recommended to check their visas/entry clearance conditions before applying, to make sure they are allowed to do voluntary/unpaid work.

**DECLARATION**

• The statements made by me in this application are, to the best of my knowledge, true.

• I confirm I have read and understood the information above

**SIGNATURE OF APPLICANT: …………………………………………….**

**DATE: …………………………………………….**

Please return your completed form to:

Volunteer Officer, Healthwatch Shropshire, 4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, SY2 6LG

Please mark your envelope ‘Private and Confidential’

Alternatively you can send the form by email to enquiries@healthwatchshropshire.co.uk

Section 6: Equality & Diversity Monitoring

We want to make sure that Healthwatch represents everyone living and working in your area. By answering these questions you will help us to understand how well we are representing your community.

The information you provide here is strictly for monitoring purposes and will not impact your application in any way.

You do not have to answer all of the questions if you prefer not to.

**Age Group**

Under 18 [ ]  19-25 [ ]  26-40 [ ]  41-65 [ ]  Over 65 [ ]
Prefer not to say [ ]

**Ethnic origin**

(please state) ..............................................................................................................

Prefer not to say [ ]

**Gender**

Male [ ]  Female [ ]  Trans [ ]  Prefer not to say [ ]

**Do you consider yourself to have any of the following?**

A physical disability [ ]  A learning disability [ ]

A mental health condition [ ]

A sensory impairment [ ]  A long term illness [ ]

Caring responsibilities [ ]

Prefer not to say [ ]