



DUKE OF EDINBURGH BRONZE AWARD APPLICATION FORM

Subject to availability. Minimum age 14. Bronze Duke of Edinburgh volunteering hours are carried out in our Donation Centre, Unit 1 Heathfield Industrial Estate, Elland, HX5 9AE. Please note the volunteer will never be working without an enhanced DBS and barred from working with children checked member of staff, it may be that, that member of staff is of a different gender to the volunteer. All staff have received Safeguarding Children training and posters are on display in the Donation Centre giving guidelines to all volunteers when working with under 18's.

When the required volunteering hours for the bronze award have been completed, any students that wish to continue volunteering will need to fill in a volunteer registration pack and can transfer to one of our shops if opportunities are available. Silver and Gold Duke of Edinburgh students can volunteer in the Donation Centre, shops and at the Hospice (if opportunities are available) a volunteer registration pack must be filled in for these awards.

Preferred Title:

Surname:

Forename:

Date of Birth:

Mobile Number:

Landline Telephone Number:

Address:

Postcode:

Email Address:

By providing your email address you understand that we may email you regarding this and future Hospice volunteering, fundraising and developments. So we can communicate with you by email your name and email address will be passed to an external provider who will act on our behalf. No other details will be passed on and your information will not be used to contact you for any other purpose.

Emergency Contact Name and relationship:

Emergency Contact Tel No/ Mobile Number:

Emergency Contact address *(if different from above)*:

Postcode:

Are you currently in Education? Yes* No

*If yes, where are you studying?

Please provide details of any previous volunteering, work experience, or paid work:

Please explain why you have chosen Overgate Hospice as a placement and what you hope to get from it. Include your hobbies and interests and plans for the future.

Please indicate the day and hours that you would prefer to volunteer:

Supporting statement If you are attending school/college please ask a teacher or advisor to provide some information about your application, this could include what they think you might get from volunteering or future career plans.

Teacher/Advisor's name:

Telephone Number:

Email Address:

Signature:

This volunteering experience is not a contract of employment and no employer/employee relationship will arise between the Hospice and yourself by virtue of this visit.

Equal Opportunities Monitoring Form: In accordance with its Equal Opportunities Policy, the Hospice will provide equal opportunities to all employees and volunteers and will not discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex and/or sexual orientation.

In order to ensure compliance with its Equal Opportunities Policy, a system of monitoring has been set up. The data given on this form will be stored on computer. **You may decide not to answer one or any of the questions on this form** but if you do respond, all information provided will be treated completely confidentially and will be used solely for the purpose of equal opportunities monitoring. Thank you for your assistance in completing this form.

Gender:

- Male
- Female
- Undergoing, or have undergone, male to female gender reassignment
- Undergoing, or have undergone, female to male gender reassignment
- I'd prefer not to say

Marital status:

- In a civil partnership
- Living in a joint household
- Married
- Single
- Widowed
- Other *(please specify)*:
- I'd prefer not to say

Sexual orientation:

- Bisexual
- Heterosexual
- Homosexual
- Lesbian
- Transsexual
- I'd prefer not to say

Religion:

- Buddhist
- Christian
- Hindu
- Jewish
- Other *(please specify)*:
- I'd prefer not to say
- Muslim
- Rastafarian
- Sikh
- None

Race/colour nationality/ethnic origin:

White

- English
- Irish
- Scottish
- Welsh
- Other white background *(please specify)*:

Mixed

- White and Asian
- White and Black African
- White and Black British
- White and Black Caribbean
- Other mixed background *(please specify)*:

Asian

- Bangladeshi
- British
- Chinese
- Indian
- Pakistani
- Other Asian background *(please specify)*:

Black

- African
- British
- Caribbean
- Other black background *(please specify)*:

Other ethnic group *(please specify)*:

I'd prefer not to say

For the purposes of the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Hospice processing the data supplied on this form for the purpose of equal opportunities monitoring.

Health

So we can consider and make any reasonable adjustments in relation to your volunteering placement, please confirm the following:

Are you in good health? Yes No

Are you registered disabled? Yes No

Do you have any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Back problems/arthritis | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Depression/Nervous disorders | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Asthma/breathing problems |
| <input type="checkbox"/> Poor hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Taking regular medication |
| <input type="checkbox"/> Epilepsy | |

Details of above that may affect your day to day activities/volunteering experience:

Are you currently receiving treatment from a doctor, consultant etc.? Yes No

Have you been prescribed medication on a regular basis? Yes No

If you have answered 'Yes' to either of these questions please give more details:

Are you able to evacuate a building unaided in the event of an emergency? Yes No

Declaration

I confirm that all information and answers given are full and correct to the best of my knowledge and belief.

I understand that any volunteering placements arranged will be subject to the information given on this form and any false statement or omission may result in my application being refused or my placement being withdrawn/cancelled.

I agree to familiarise myself with any written Policies and Procedure of the Hospice regarding Information Governance and Confidentiality and I agree to work within Overgate Hospice guidelines and follow instructions to ensure I observe the Hospice rules and regulations at all times. I understand that Health service work is intrinsically confidential in nature. Patient information is of course "strictly confidential". Information relating to members of staff, volunteers and to the business interests of the Hospice will also be treated as confidential.

In accordance with the Data Protection Act 1998 I give permission for this personal information to be stored and processed for the purposes of a work experience placement and monitoring and for sensitive data to be stored and processed in connection with equal opportunities, health and safety reasons and compliance with the requirements of national standards.

Please complete:

Do you give permission for us to take your photograph and use it for promotional, marketing, training or teaching purposes in the production of printed material, on the website or social media? (We may also send them to local and national media). Yes No

To comply with legislations, all volunteers will be required to attend training relevant to their role.

Declaration: I confirm that the information I have given on this form it, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if accepted as a volunteer, dismissal. If my application is successful I agree to abide by the policies and procedures of the Hospice and to attend any mandatory training as requested.

Student Signature:

Print Name:

Date:

Disclaimer: In accordance with the Data Protection Act 1998, I give my permission for this personal information to be stored and processed for the purposes of monitoring my volunteer role at Overgate Hospice and for sensitive data to be stored and processed in connection with equal opportunities, health and safety reasons and compliance with the requirements of national standards. Your name and address will not be disclosed to any other organization but we may send you news about Overgate Hospice and information about events.

If you would prefer not to receive this, please tick.

Please email the completed form to
volunteering@overgatehospice.nhs.uk
or post to: Volunteer Services Coordinator,
Overgate Hospice, 30 Hullen Edge Road,
Elland HX5 0QY. **Thank you**



VOLUNTEERING