



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
- If the gender you identify with is not the same as your sex registered at birth, please tick.
- I'd prefer not to say

Marital status:

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

Sexual orientation:

- Heterosexual
- Gay
- Bisexual
- Lesbian
- Asexual
- Pansexual
- Undecided
- 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, Welsh, Scottish, Northern Irish, or British
- Irish
- Gypsy or Irish traveller
- Roma
- Any other white background

Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background

I'd prefer not to say

Mixed or multiple ethnic groups

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other Mixed or multiple ethnic background

Black, Black British, Caribbean or African

- Caribbean
- African
- Any other black, black British or Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

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

Team Overgate Volunteer Code of Conduct:



Principles	Example Behaviours - 'I will...'
<p>Be Respectful</p> 	<ul style="list-style-type: none"> - Treat everyone with courtesy and respect - be consistently friendly, welcoming and attentive, show kindness, compassion and empathy - Present a positive attitude and offer 'excellent service with a smile' - Anticipate, listen and respond to the needs of others - Treat others as they would wish to be treated - Respect diversity and value difference
<p>Be Responsible</p> 	<ul style="list-style-type: none"> - Accept full responsibility for my words, behaviours, attitudes and actions - Recognise the impact of my decisions - Provide a service that I am proud of - Reflect Overgate's Vision and Values in all I do - Adhere to the confidentiality policy which includes information about patients, customers staff, other volunteers, the organisation, shop and takings - Act as an ambassador for the organisation - Always give of my best - Dress appropriately and wear my Overgate badge
<p>Be Accountable</p> 	<ul style="list-style-type: none"> - Act professionally and consistently - Contribute to my team's collective responsibility - Identify and escalate risks - Add value to the organisation through what I do and how I behave - Be relied on to do a regular shift - Attend any training/team meetings as required - Follow health and safety guidelines
<p>Be Courageous</p> 	<ul style="list-style-type: none"> - Support new ways of working - Offer positive challenge to what we do and how we do it - Seek out and give constructive feedback - Participate in and contribute to frank and honest discussions - Acknowledge and address my development needs - Look for innovative solutions
<p>Be Inspirational</p> 	<ul style="list-style-type: none"> - Look for and get involved in opportunities that improve services - Develop myself and my colleagues - Motivate, encourage, and support others - Demonstrate the passion and energy I have for my work - Listen to understand - show genuine concern for others - Act with integrity - lead by example and walk the talk
<p>Be Positive</p> 	<ul style="list-style-type: none"> - Promote a learning culture not a blame culture at every level - Demonstrate a can-do attitude - 'how can we make this work?' - Identify problems and focus on solutions - Embrace, promote and support change - Keep the 'big picture' in mind - Demonstrate resilience in difficult times
<p>Be A Team Player</p> 	<ul style="list-style-type: none"> - Share my ideas, skills and knowledge with others - Recognise, celebrate and share success with my team and the organisation - Work collaboratively and positively with others to get the job done - Seek to build and nurture new relationships - Recognise and value everyone's contribution - Remember we are all working together for the benefit of our patients, community and organisation - Be loyal to my colleagues, my manager and the organisation