

**REGISTRATION FORM**



Charity Registration No. 511619

**CONFIDENTIAL INFORMATION:** To be used for this purpose only

Please complete this form in BLOCK CAPITALS, mark the envelope CONFIDENTIAL and return to:

**Volunteer Services Co-coordinator, Overgate Hospice, 30 Hullen Edge Road, Elland, HX5 OQY**

**PERSONAL DETAILS:**

Name: Click here to enter text. Mr  Mrs  Ms.  Miss  Other: Click here to enter text.

Preferred name (for badge): Click here to enter text. Date of birth: Click here to enter text.

Address: Click here to enter text. Postcode: Click here to enter text.

Telephone: Click here to enter text. Mobile: Click here to enter text. Email: Click here to enter text.

May we contact you by email? Yes  No  By providing your email address you understand that we may email your regarding this and future Hospice volunteering, fundraising and developments. In order for us to 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.

If you are related to a member of staff, director or other volunteer please give details: Click here to enter text.

Present occupation: Click here to enter text. Last occupation if retired or unemployed: Click here to enter text.

Qualifications: Click here to enter text. Skills: Click here to enter text.

Do you possess a valid, full driving licence to drive in the UK? Yes  No

Volunteering experience: Click here to enter text.

How did you hear about volunteering for Overgate? Click here to enter text.

Why would you like to volunteer? Click here to enter text.

Please use this space to give us more information about yourself, including any interests of hobbies: Click here to enter text.

**EXPERIENCE AND QUALIFICATIONS:**

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**VOLUNTEERING FOR OVERGATE:**

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Charity Registration No. 511619

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**Volunteer Services Co-ordinator, Overgate Hospice, 30 Hullen Edge Road, Elland, HX5 OQY**

**PERSONAL DETAILS:**

**VOLUNTEERING FOR OVERGATE:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **REGISTRATION FORM** |  | Charity Registration No. 511619 |
| **CONFIDENTIAL INFORMATION: To be used for this purpose only**  **(If posting) Please complete this form in BLOCK CAPITALS, mark the envelope CONFIDENTIAL and return to:**  **Volunteer Services Coordinator, Overgate Hospice, 30 Hullen Edge Road, Elland. HX5 0QY or email volunteering@overgatehospice.nhs.uk** | | |

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Volunteering experience: Click here to enter text.

How did you hear about volunteering for Overgate? Click here to enter text.

Why would you like to volunteer? Click here to enter text.

Please use this space to give us more information about yourself, including any interests, hobbies or transferable skills: Click here to enter text.

Name: Click here to enter text. Mr  Mrs  Ms  Miss  Other:Click here to enter text.

Preferred name (for badge): Click here to enter text. Date of birth: Click here to enter text.

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**EXPERIENCE, SKILLS AND QUALIFICATIONS**

**VOLUNTEERING FOR OVERGATE:**

**HEALTH:**

In order for us to consider and make any reasonable adjustments in relation to your volunteering, please confirm:

|  |  |  |
| --- | --- | --- |
| **Are you in good health? Yes  No** |  | **Are you registered disabled? Yes  No** |
| **Back problems** |  | **Heart conditions** |
| **Arthritis** |  | **Asthma** |
| **Breathing problems** |  | **Depression** |
| **Nervous disorder** |  | **Poor hearing** |
| **Impaired vision** |  | **Diabetes** |
| **Recent surgery** |  | **Epilepsy** |
| **Taking regular medication** |  | **Other (please give details):** Click here to enter text. |

Please detail how the above may affect your day to day activities/voluntary work: Click here to enter text.

Name: Click here to enter text. Mr  Mrs  Ms  Miss  Other:Click here to enter text.

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Qualifications: Click here to enter text. Skills: Click here to enter text.

Do you possess a valid, full driving licence to drive in the UK? Yes  No

Volunteering experience: Click here to enter text.

How did you hear about volunteering for Overgate? Click here to enter text.

Why would you like to volunteer? Click here to enter text.

Please use this space to give us more information about yourself, including any interests of hobbies:Click here to enter text.

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: Click here to enter text.

If you have experienced a close family bereavement in the last 2 years, please give details: Click here to enter text.

**EMERGENCY CONTACT:**

Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. Postcode: Click here to enter text.

Telephone: Click here to enter text. Mobile: Click here to enter text.

**PLEASE INDICATE YOUR AVAILABILITY:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MORNING:** | **AFTERNOON:** | **EVENING:** |
| **MONDAY:** |  |  |  |
| **TUESDAY:** |  |  |  |
| **WEDNESDAY** |  |  |  |
| **THURSDAY:** |  |  |  |
| **FRIDAY:** |  |  |  |
| **SATURDAY:** |  |  |  |
| **SUNDAY:** |  |  |  |

**REFEREES:**

Referees must have known you for at least **one year** and **should not be a relative**. I authorise Overgate Hospice to obtain 2 references to support this application and release the company and referees from any liability caused by giving and receiving information about me.

**Name of referee 2:**Click here to enter text.

**Address:**Click here to enter text.

**Postcode:**Click here to enter text.

**Telephone number:**Click here to enter text.

**Email:**Click here to enter text.

**How do you know the referee?**Click here to enter text.

**Name of referee 1**:Click here to enter text.

**Address:**Click here to enter text.

**Postcode:**Click here to enter text.

**Telephone number:**Click here to enter text.

**Email:**Click here to enter text.

**How do you know the referee?**Click here to enter text.

Please select the volunteering role(s) you are interested in:

**VOLUNTEERING ROLES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Admin support Day Hospice (16+) |  | Kitchen support (16+) |
|  | Admin support Finance (16+) |  | Reception (16+) |
|  | Admin support Fundraising (16+) |  | Brighouse retail shop assistant (14+) |
|  | Admin support HR (16+) |  | Brighouse Designer/Bridal shop assistant (14+) |
|  | Admin support Retail (16+) |  | Brighouse Furniture shop assistant (14+) |
|  | Admin support Volunteering (16+) |  | Brighouse furniture shop driver \* (25+) |
|  | Beautician (18+) |  | Brighouse furniture shop driver’s mate\* (18+) |
|  | Carers Group support (18+) |  | Elland shop assistant (14+) |
|  | Chaplain (18+) |  | Halifax shop assistant (14+) |
|  | Complementary Therapist (18+) |  | Hebden Bridge retail shop assistant (14+) |
|  | Counsellor (18+) |  | Hebden Bridge Furniture shop assistant (14+) |
|  | Day Hospice craft leader (18+) |  | Hebden Bridge furniture shop driver\* (25+) |
|  | Day Hospice driver (25+) |  | Hebden Bridge furniture shop driver’s mate\* (18+) |
|  | Day Hospice florist (18+) |  | King Cross shop assistant (14+) |
|  | Day Hospice helper (18+) |  | Little Stars shop (Elland) shop assistant (14+) |
|  | Day Hospice hospitality (18+) |  | Mixenden shop assistant (14+) |
|  | Day Hospice entertainer (14+) |  | Ovenden shop assistant (14+) |
|  | Day Hospice Bereavement Drop-In support (18+) |  | Todmorden shop assistant (14+) |
|  | Fundraising card writer (16+) |  | West Vale shop assistant (14+) |
|  | Fundraising car/van driver\* (25+) |  | Retail jewellery expert (14+) |
|  | Fundraising Lottery support (16+) |  | Retail vinyl records expert (14+) |
|  | Fundraising supermarket Bag Packers (16+) |  | Retail eBay support (16+) |
|  | Gardener (16+) |  | Retail car/van driver (25+) |
|  | Hairdresser (18+) |  | Retail maintenance support (18+) |
|  | Hospice Biographer (21+) |  | Retail pop up shop assistant (14+) |
|  | Housekeeping support (18+) |  | Retail book expert (14+) |
|  | In Patient Unit Support (18+) |  | Retail bric-a-brac expert (14+) |
|  | IT Training Mentor (16+) |  | Retail Art expert (14+) |
|  | Marketing - poster designer (16+) |  | Social media capturing positive comments (14+) |
|  | Tea Trolley volunteer (16+) |  | Or tell us how you can help Click here to enter text. |

Would you also be interested in being:

* **An event volunteer**? For example helping set up events; on a stall; marshalling/registering participants at events etc.? **Yes**  **No**
* **On the Stalls Committee**? This includes identifying opportunities throughout Calderdale where we can have a stall and/or running the stall. **Yes**  **No**
* **A member of one of our Friends Groups**: Brighouse  Elland  Sowerby Bridge  Todmorden

**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 formbut 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | | Date of Birth: Click here to enter text. |
| Gender: | Female | |  |
| Male | |  |
| Undergoing, or have undergone, male to female gender reassignment | |  |
| Undergoing, or have undergone, female to male gender reassignment | |  |
| Prefer not to say | |  |
| Marital status: | In a civil partnership | |  |
| Living in a joint household | |  |
| Married | |  |
| Single | |  |
| Widowed | |  |
| Other (please specify) | | Click here to enter text. |
| Prefer not to say | |  |
| Sexual orientation: | Bisexual | |  |
| Heterosexual | |  |
| Homosexual | |  |
| Transsexual | |  |
| Prefer not to say | |  |
| Religion: | Buddhist | |  |
| Christian | |  |
| Hindu | |  |
| Jewish | |  |
| Muslim | |  |
| Rastafarian | |  |
| Sikh | |  |
| None | |  |
| Other religion (please specify) | | Click here to enter text. |
| Prefer not to say | |  |
| Race/colour nationality/  ethnic origin: | White | English |  |
|  | Irish |  |
|  | Scottish |  |
|  | Welsh |  |
|  | Other white background (please specify) | Click here to enter text. |
| Mixed | White and Asian |  |
|  | White and Black African |  |
|  | White and Black British |  |
|  | White and Black Caribbean |  |
|  | Other mixed background (please specify) | Click here to enter text. |
| Asian | Bangladeshi |  |
|  | British |  |
|  | Chinese |  |
|  | Indian |  |
|  | Pakistani |  |
|  | Other Asian background (please specify) | Click here to enter text. |
| Black | African |  |
|  | British |  |
|  | Caribbean |  |
|  | Other black background (please specify) | Click here to enter text. |
| Other ethnic group (please specify) | | Click here to enter text. |
| Prefer not to say | |  |

Do you have **any** disability/limitations (Please select): **Yes**  N**o**

(Disability is legally defined as a ‘physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities’. This can include ‘hidden’ conditions, epilepsy or diabetes.)

If yes please give brief details: Click here to enter text.

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.

|  |  |
| --- | --- |
| Signed: Click here to enter text. | Date: Click here to enter a date. |

**Team Overgate Volunteer Code of Conduct **

|  |  |
| --- | --- |
| **Principles** | **Example Behaviours – ‘I will ….’** |
| **Be Respectful** | * 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 |
| **Be Responsible** | * 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 |
| **Be Accountable** | * Act professionally and consistently at all times * 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 |
| **Be Courageous** | * 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 |
| **Be Inspirational** | * 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 * Act consistently |
| **Be Positive** | * 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 |
| **Be A Team Player** | * 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 |

Print name: Click here to enter text.

Signed: Click here to enter text.

Date: Click here to enter a date.

**PLEASE COMPLETE:**

The role you are enquiring about may be subject to an Enhanced/standard Disclosure and Barring Service (DBS) check. You will be advised if this is the case during the interview for the role.

**For all roles, please read the section below and complete as appropriate.** Please note that the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (in Scotland, the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003) provides that individuals who are involved with specific types of businesses are obliged on request to disclose any spent convictions or cautions and that they may be refused the opportunity to volunteer, because of such a conviction or caution, or because of a failure to disclose such a conviction or caution. If the organisation offering the voluntary work is able to ask volunteer applicants about both spent and unspent convictions or cautions and the individual would then be obliged to disclose them all.

Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1998. (Please see [www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi\_20131198\_en.pdf](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf) for guidance or take appropriate advice when answering the question.) **Yes  No**

(The amendment to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account.)

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with the current guidance? (Please see [www.gov.uk/government/publications/dbs-filtering-guidance](http://www.gov.uk/government/publications/dbs-filtering-guidance) for information or take appropriate guidance when answering this question). **Yes  No**

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**

**PLEASE NOTE:**

**In order 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.

**Signature:** Click here to enter text. **Date:** Click here to enter text.

**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. We would like to keep you updated about how your support helps Overgate Hospice. We will only contact you about our key achievements, events and how we are making a difference to the lives of local people with life limiting illnesses. We appreciate that some people may choose not to hear from us again. If this is the case, please tick here  to opt out of all marketing communications by post from Overgate Hospice in the future.

*You can change your emailing and mailing preferences at any time by emailing* [*fundraising@overgatehospice.nhs.uk*](mailto:fundraising@overgatehospice.nhs.uk) *or calling 01422 387121. You can see our full privacy notice on our website* [*www.overgatehospice.org.uk*](http://www.overgatehospice.org.uk)

**FOR OFFICE USE ONLY.**

DATES:FORM RECEIVED: Click here to enter a date. ACKNOWLEDGED: Click here to enter a date. Updated 12/18 V:Vol/forms & letters/registration pack Electronic/2018