



VOLUNTEER

REGISTRATION FORM

PRIVATE & CONFIDENTIAL

To be used for this purpose only. If posting, please complete this form in *BLOCK CAPITALS*, and return to: **Volunteer Services Team, Overgate Hospice, 30 Hullen Edge Road, Elland, HX5 0QY** or email **volunteering@overgatehospice.nhs.uk**

PERSONAL DETAILS *Please print if handwriting*

Preferred title: Name:

Preferred Name (for badge): Date of Birth:

Address:

..... Postcode:

Telephone: Mobile:

Email Address:

By providing your email address you understand that we may email you 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.

Do you possess a valid, full driving licence? Yes No

Overgate Hospice is an advocate for the armed forces community and positively supports applicants from this community in the recruitment process.

Have you or your spouse/partner/widow or widower ever served in HM Armed Forces? Yes No

Are you currently a member of the Reserves or member of the Cadet Forces? Yes No

EXPERIENCE, SKILLS & QUALIFICATIONS

Occupation details (current or previous):

.....

Skills, qualifications & hobbies:

.....

.....

What languages are you fluent in? English Other:

VOLUNTEERING FOR OVERGATE

How did you hear about volunteering for Overgate?

Tell us about any volunteering you have previously done:

.....

.....

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

Do you have any disabilities/limitations? Yes No

(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:

.....

Please detail how the above may affect your day to day activities/voluntary work:

.....

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:

.....

Can you evacuate the building unaided in the event of an emergency? Yes No

If you have experienced a close family bereavement in the last two years, please give details:

.....

REFEREES (for clinical and hospice based roles only. Not required for retail or fundraising roles).

Referees must have known you for at least one year and should not be a relative. I authorise Overgate Hospice to obtain 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 one:

Address:

..... Post code:

Telephone: Email:

How do you know the referee:

.....

.....

Name of referee two:

Address:

..... Post code:

Telephone: Email:

How do you know the referee:

.....

.....

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT?

Name: Relationship:

Address:

..... Post code:

Telephone: Mobile:

VOLUNTEERING ROLES

Please see the accompanying 'Opportunities for Volunteers' document for a list of current vacancies.

If you are interested in volunteering for a specific role/ in a specific area please write your preference/s here:

.....

Duke of Edinburgh:

I am completing the Duke of Edinburgh Bronze Silver Gold scheme.

Please indicate your availability (Morning / Afternoon / Evenings)

Monday /	Friday /
Tuesday /	Saturday /
Wednesday /	Sunday /
Thursday /		

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

EQUAL OPPORTUNITIES MONITORING FORM

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.

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.

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/ukxi/2013/1198/pdfs/ukxi_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 for information or take appropriate guidance when answering this question). **Yes** **No**

- I would like to opt out of receiving volunteer gifts (Volunteer's Week and Christmas)
 - I would like to opt out of receiving anniversary badges (to recognise years of service)
- If these boxes are not ticked, we will assume you are happy to receive these'*

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 is, 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:

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. 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 or calling **01422 387121**. You can see our full privacy notice on our website www.overgatehospice.org.uk.