

End of Life Support Volunteer

If you require support to complete this form or require a different format, we are happy to help. Please contact the HHCC and Volunteer Team on 01423 557408 or hdft.volunteering@nhs.net

Section 1 – Your Details

Title	Forename	Middle name	Surname
Preferred Name	Preferred Pronoun		
Date of Birth			
Gender	Ethnicity		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> I do not wish to disclose my gender	<input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Any other Black Background <input type="checkbox"/> Any other Mixed Background <input type="checkbox"/> Any other White Background <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean		<input type="checkbox"/> Chinese or other ethnic group - Chinese <input type="checkbox"/> Chinese or other ethnic group – Other <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Black <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish/Scottish/Welsh <input type="checkbox"/> I do not wish to disclose my ethnicity
Religion (Optional)	Sexual Orientation (Optional)		
	<input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual and/or Pansexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual		<input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> I do not wish to disclose my Sexual Orientation
	House Name / No		Street Name
Town	County		Postcode
Telephone Number	Mobile Number		Email
Next of Kin			
Relationship		Contact Number	
Address (if not same as above)			

Section 2 – Additional Information

Driving Status	
Are you happy to use your own vehicle?	
Employment Status	
Where did you hear about Volunteering with Harrogate District NHS Foundation Trust?	

Section 3 – In this section we would like to know a bit about you and why you are applying to become an End-of-Life Volunteer

Please outline your reasons for applying to be an End of Life Support Volunteer: Below are some questions you may wish to cover.

- What motivated you to pursue becoming an End-of-Life Support Volunteer?
- What skills do you have to bring to the service and what skills do you wish to learn?
- What do you wish to gain from volunteering in this specialist role as an End-of-Life Support Volunteer?

This service is working in partnership with Marie Curie

Section 4 – References

Please provide the details of 2 referees below. They must be someone who has known you in a professional capacity either through employment and/or education.

Reference 1	
Name	
Address	
Contact Number	
Email Address	
Relationship to referee:	
How long have you known this person?	

Reference 2	
Name	
Address	
Contact Number	
Email Address	
Relationship to referee:	
How long have you known this person?	

Section 5 – Availability

Preferred time to help Volunteering

--

Section 6 – Further Important Information - Please complete all sections

Disability information

Do you consider yourself to be disabled? Please delete as appropriate:

Yes

No

If you have answered 'Yes', what support or reasonable adjustments do you think you will need to be made for you to take up a volunteering post within this Trust?

Personal Health Information

Is there anything relating to your health or personal circumstances which you would like us to take into account? Please also detail below any relevant health information.

Nationality and immigration status

Are you a United Kingdom (UK) or European Community (EC) or European Area (EEA) National? Please delete as appropriate:

Yes

No

Non-EU nationals

Not all visas allow you to volunteer. If you have answered 'No'. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows volunteering (if in any doubt you should check with the UK Border Agency)

Rehabilitation of Offenders Act

Due to the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies:

Have you ever been convicted of an offence, or received a Caution, Reprimand or Warning? Please delete as appropriate:

Yes

No

If yes please provide details of the Conviction, Caution, Reprimand or Warning – these will be treated in the strictest of confidence.

All Volunteers will be required to complete a Disclosure Application for the Criminal Records Bureau.

You may also be required to complete the Trust's Health questionnaire which may or may not result in you being asked to see the occupational health doctor as well as complying with all the NHS Employment Check standards.

Signature _____

Date _____

Please return this form by email to: hdft.volunteering@nhs.net indicating in the subject field which Volunteer post interests you most. Alternatively you may post it to:

HHCC and Volunteer Team
Planning Department, Trust HQ
Harrogate District Hospital
Lancaster Park Road
Harrogate
HG2 7SX