

Enhanced Support Volunteer Application Form

This application form is for those aged 16 and over, who have an interest in Volunteering and would benefit from a tailored support plan that recognises their individual needs.

We welcome and encourage all interested applicants to apply and fill out this application form so we can begin to understand more around any special educational needs and/or disabilities you currently face to allow us to determine what is needed in your bespoke support plan to enable volunteering to be accessible.

If you require assistance in completing this form or require a different format please contact the HHCC and Volunteer Team on 01423 557408 or hdfv.volunteering@nhs.net

Section 1: Introductory Questions

Please highlight the relevant option for who is filling out this application:

- Applicant
- Parent/Carer
- Academic Professional
- Other (please state)

If you would like a phone call from a member of the Volunteer Team to discuss the contents of this application form then highlight the option below, if no, then please skip this question:

- I would like a phone call to discuss this application form.

Section 2 – 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 3 – 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 4 – Outline of Specialised Needs

Please give a detailed outline of any special educational needs and/or disabilities the Volunteer Team should consider when supporting your application.

Section 5 – Your interest in volunteering

Please give your reasons for applying to be a Volunteer:

- What are your main motivations for wanting to volunteer for the NHS?
- What would you like to gain from your Volunteering role?

Section 6 – Volunteer Positions

Please indicate which Volunteer positions you are interested in by putting an X in the appropriate box(es). Please note we may not have vacancies in your chosen area at the time of application, however we will discuss this with you.

Volunteering Positions	
Administration Duties	
Breast Feeding Peer Support	
Catering Volunteer	
Chaplaincy	
Driver	
Gardening	
Harrogate Hospital & Community Charity	
Meal Time Volunteer	
Meet, Greet & Guide	
Pharmacy	
Phlebotomy Administration	
Staff Store	
Sir Robert Ogden Macmillan Centre SROMC	
Ward Visitor	

Section 7 – References

Please provide the details of 2 referees who 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 8 – Availability

Preferred time to help Volunteering

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Section 9 – 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

If you have answered 'No', not all visas allow you to volunteer. 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

Because of 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: hdf.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

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