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| Volunteer Application Form |  |



When completing this form please take care to complete each section. Please return completed form to [volunteering@healthwatchbirmingham.co.uk](mailto:volunteering@healthwatchbirmingham.co.uk) or by post to Volunteer & Community Officer, Healthwatch Birmingham, Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Mobile Phone |  |
| Other Phone |  |
| E-Mail Address |  |

## How did you hear about volunteering for Healthwatch Birmingham?

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| In the Media  Word of Mouth  At a talk  At a Recruitment Fair  On our website Social Media  Poster  Do-it.org  At a community event  Leaflet  BVSC  Other……………………………………………………………………………………………………………………………………………… |

## Which Volunteer opportunity are you interested in at Healthwatch Birmingham?

### Please state the opportunity you would like to be considered for.

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## Availability

### Are there any particular days or times you can volunteer?

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## Why do you want to volunteer for Healthwatch Birmingham

Please tell us the reasons why you would like to volunteer with Healthwatch Birmingham and what you would like to get from this opportunity (for example improve career prospects, boost confidence, meet new people, share skills etc.) .

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## Do you have any support needs you wish us to be aware of?

### Please detail any needs you may have that you would like to take into account (e.g. disability, health issues, caring responsibilities). Outline any specific requirements you would like put in place to enable you to volunteer with Healthwatch Birmingham.

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## What skills and experience would you bring to the role?

### Please state any skills, knowledge or experience you have that supports your application (for example personal or professional experience, community languages etc.). Please use the volunteer role description as a guide for your answer.

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## Are there any additional information or comments you would like to provide?

### Please tell us any further information you would like to share to support your application or that you think we should be aware of.

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## Emergency contact

Please provide us with the details of someone we can contact in the unlikely event of accident or illness while volunteering for Healthwatch Birmingham.

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Phone** |  |
| **E-Mail Address** |  |
| **Relationship to you** |  |

## References

Please provide us with the names of two people over the age of 18 who can provide you with references and have known you for over 12 months. This must not be a family member. These can be personal acquaintances, former/current colleagues, employers or anyone else that would be able to comment on your suitability for this volunteer role. Referees will only be contacted once a formal offer of volunteering agreement has been made. If you get stuck, we can help you think about who might be suitable to provide a reference.

## Reference 1

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Phone** |  |
| **E-Mail Address** |  |
| **How do you know this person?** |  |

## Reference 2

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Phone** |  |
| **E-Mail Address** |  |
| **How do you know this person?** |  |

## Disclosure and Barring Service (DBS)

### Your role may involve working with young people and vulnerable adults so we will require you to complete a DBS disclosure.

## Agreement and Signature

The information provided in this application will be processed (as defined under the Data Protection Act 1998) for Healthwatch Birmingham monitoring purpose. All information contained within the application form will remain in strictest confidence and will not be passed on to third party without your permission only. The facts contained in this application form and the supporting information is, true and accurate to the best of my knowledge.

I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application to volunteer may be disqualified, or if I have been appointed I may be dismissed.

I consent to the processing of my information as part of recruitment and selection.

I confirm that the details I have given in this application are correct.

***As a Healthwatch Birmingham volunteer I confirm my agreement that Healthwatch Birmingham can email me directly:***

About any volunteering activities and information related to my volunteering.

About other Healthwatch Birmingham communications (i.e. latest reports, public consultations etc.)

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| **Name (printed)** |  |
| **Signature** |  |
| **Date** |  |

## Thank you for completing this application form and for your interest in volunteering with Healthwatch Birmingham.

***Please fill out page 5*** *This section will be kept confidentially and separate from your main application*

## Criminal convictions or cautions. (Rehabilitation of offenders Act 1974)

Many of Healthwatch Birmingham’s volunteering opportunities will involve direct contact with potentially vulnerable older people. As such, applications to volunteer are exempt from the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975).

This means that potential volunteers are required to declare their entire criminal record, including cautions, reprimands, final warnings and criminal convictions categorised as `spend’ under the above legislation.

It will only be disclosed to specific Healthwatch Birmingham staff if/when they are considering you for specific volunteering opportunities (where you may come into contact with potentially vulnerable adults).

Please note that declaring a conviction will NOT automatically stop you from volunteering.

Please complete and sign this section. The information provided will be kept confidential.

## Previous Convictions

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| Have you been convicted of a criminal offence (other than “spent” convictions under the Rehabilitation of Offenders Act 1974 (amended)?  Yes  No  If yes, please give details.  If your application is in respect of a position, which involves the supervision of, or is otherwise connected with occupations that are exempt from the Rehabilitation of Offenders Act 1974 (amended) you are required to declare any convictions for criminal offences. You may provide details here or submit them on a separate sheet in a sealed envelope, marked “Confidential”. |

## I declare the above information is correct

|  |  |
| --- | --- |
| **Name (printed)** |  |
| **Signature** |  |
| **Date** |  |