

**Aneurin Bevan University Health Board**

**Volunteer Application Form**

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| Name of volunteer scheme applied for (if known): Ffrind i mi / Friend of mine |
| Full name: Title: |
| Address:  Post Code: |
| Telephone: (Day) (Evening) |
| Mobile: |
| Email: |
| Please state your employment status: |
| Do you consider yourself to have a disability? Yes / No  If yes, please state your disability: |
| Do you require any additional support? Yes / No  If yes, please state the type of support you need: |
| Do you currently have any work or volunteering commitments? Yes / No  If yes, please give further details: |
| Do you speak Welsh or any other languages?  YES / NO Other Languages ………………………………..………………………………………….. |
| If you are under 18, have you obtained your parent/guardian’s consent to undertake a voluntary placement?    Signature of parent: …………………………………… |
| How much time would you have available for volunteering?  ……………….. hours per week or ………………. hours per month  **Volunteering Whilst On Benefits**  As long as you only receive out-of-pocket expenses there should not be a problem with volunteering while on benefits. It is always good practice to inform Job Centre Plus before volunteering.  If you are claiming long term sickness benefit, undertaking volunteering activities could affect your entitlement to some benefits. You must contact the Department of Work and Pensions for up to date advice before starting voluntary activity.  Please indicate times/days which are most convenient for you – this will help us to place you:   |  |  |  |  | | --- | --- | --- | --- | |  | Morning | Afternoon | Evening | | Monday |  |  |  | | Tuesday |  |  |  | | Wednesday |  |  |  | | Thursday |  |  |  | | Friday |  |  |  | | Saturday |  |  |  | | Sunday |  |  |  |   Preferred area to volunteer:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Borough** | Blaenau Gwent | Caerphilly | Monmouthshire | Newport | Torfaen | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| What kind of voluntary work would you like to do?  When would you be able to start volunteering? |
| Please use this space to give us details of any experience, skills or training you have which would help us to make best use of your time. Please continue on a separate sheet if necessary and add a CV if you feel this is appropriate. |

How did you find out about voluntary work with us (please tick any boxes below)

|  |  |  |  |
| --- | --- | --- | --- |
| Article in newspaper |  | Leaflet |  |
| TV/Radio |  | Referred by a friend |  |
| Exhibition |  | Referred by a member of staff |  |
| Poster |  | Volunteer Bureau |  |
| Other (please give details): | | | |

Why would you like to volunteer? (Please tick any of the boxes below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To gain work experience |  | To make a contribution to the NHS | |  |
| To maintain existing skills |  | To get involved in the community | |  |
| To develop new skills |  | To gain a sense of fulfilment | |  |
| To build up my confidence |  | To make new friends | |  |
| Other (please give details) | | | | |
|  | | | | |
| **Occupational Health**  All staff and volunteer placements are asked to complete an Occupational Health Department Pre-Placement Health Questionnaire, which will be used to make an assessment of your health in relation to your proposed placement. The information given will not be disclosed to anyone without your permission unless it is considered that either you or the organisation will be placed in a position of risk. In addition, an opinion based on this form will be made to your manager concerning your fitness to undertake the placement specified. If you would like assistance with completing the form, please let us know. | | | | |
| **References**  In both the interests of yourself and the people whom you will be supporting, we require character references from two referees **who have known you for at least 2 years.** The referees **must not be family members** and, ideally, one of them should know you in a professional capacity, i.e. solicitor, doctor, teacher, employer, minister of religion etc. | | | | |
| Name:  Address:  Postcode:  Email:  Tel No:  Relationship to you: | | | Name:  Address:  Postcode:  Email:  Tel No:  Relationship to you: | |
| **Rehabilitation of Offenders**  As an organisation working with vulnerable groups, volunteer roles may be exempt from the provisions of the Rehabilitation of Offenders Act 1974. This means that you are required to disclose certain previous convictions, cautions, reprimands or final warnings.  Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? **Yes / No**  If yes, details will be required from you on a separate sheet (in strict confidence)  *See the below link for further information on what you should and should not disclose*  [*https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check*](https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check)  **We may require a Disclosure and Barring Service check (previously CRB).**  If the placement will have unsupervised access to patients, in particular children and vulnerable adults, then an enhanced DBS check will be made by the Health Board before the placement commences. A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned.  Do you give your permission for us to carry out these checks? **Yes / No**  **Data Protection Act 1998**  Information on our database is **strictly confidential** and we do not pass on any personal data about you to outside organisations and/or individuals without your express personal consent. Please indicate if you agree that we may keep basic information from this form on computer?  Yes / No  **Confidentiality**  From time to time, volunteers may obtain personal information about patients. Volunteers must keep information confidential both during and after the voluntary service. | | | | |
| **Emergency Contact**  Full Name:  Tel No: Mobile:  Relationship to you:  Has this person agreed to be your emergency contact? Yes / No | | | | |
| **Declaration**  I have read and agree to adhere to the above  I certify that all of the information given on this form is correct  Signature: Date: | | | | |

**Please return this form to:**

**Ffrindimi.abb@wales.nhs.uk**