

Please complete in ink or ball pen, and tick the boxes as appropriate

Full Name -		
Address -		
Telephone -	Home -	Other -
E-mail Address -		
Emergency Contact -		
Qualifications -	Please give details of any relevant professional or other qualifications, including the date obtained -	

Employment -	Are you currently employed -	Yes --- <input type="checkbox"/>
		No --- <input type="checkbox"/>
	What do you do -	
	Have you done any voluntary work -	Yes --- <input type="checkbox"/>
		No --- <input type="checkbox"/>
If 'YES' please give details -		

Areas of Interest -
(See sheet 5)

Please read the attached list and tick those areas in which you feel you would like to help -
Do you have a special skill or interest in any of these areas -
Please detail -

Health -

Do you have any physical restrictions that might affect your volunteer placement? (Bad back, poor vision, hearing, etc.)

Yes ----

No ----

If 'YES' please specify -

Are you currently fit and well -

Yes ----

No ----

If 'NO' please specify -

Transport -

(To be completed by prospective drivers only)

Do you have a full driving licence -

Yes ----

No ----

Do you have any endorsements -

Yes ----

No ----

If 'YES' please specify -

What is your car insurance cover -

Fully comp ----

3rd Party ----

Availability -

How often would you like to work as a volunteer -

Once a week ----

More than once a week ----

Less than once a week ----

References -

Please give the names and addresses of two people whom we can approach for a character reference -

1st Referee -

2nd Referee -

DECLARATION

I understand that the placement offered will be subject to the information given on this form being correct and that a Criminal Records Bureau Disclosure will be requested.

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that all convictions and offences of whatever nature (including motoring offences) and whenever they were committed must be revealed when applying for a placement at the Hospice.

Please state whether you have any such convictions?

Yes ----

No ----

Have you ever been or are you currently being investigated by the police or other regulatory body?

Yes ----

No ----

If **YES** details of criminal records must be sent under separate, confidential cover with your application form. We guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having an "unspent" conviction will not necessarily bar you from a placement. This will depend on the nature of the placement and the circumstances and background of your offences. However, any "unspent" convictions, which are not declared and subsequently revealed, may result in exclusion.

A copy of the CRB Code of Practice and the Hospice's Equal Opportunities Policy for Volunteers are available upon request.

Please sign and date below and return the form to -

**Voluntary Services Manager
Severn Hospice
Bicton Heath
Shrewsbury
SY3 8HS.**

Signature -	
Date -	

Areas where Voluntary Help is Used

Please indicate your choice with a tick

Patient Care -	Ward based	----	<input type="checkbox"/>
	Day Hospice based	----	<input type="checkbox"/>
Complementary Therapies -	Aromatherapy	----	<input type="checkbox"/>
	Massage	----	<input type="checkbox"/>
	Indian Head Massage	----	<input type="checkbox"/>
	Reflexology	----	<input type="checkbox"/>
	Reiki	----	<input type="checkbox"/>
Creative Therapy Support -		----	<input type="checkbox"/>
Patient Transport -	Ambulance Driver/Escort	----	<input type="checkbox"/>
	Car driver - Own Car	----	<input type="checkbox"/>
	Car driver - Hospice Car	----	<input type="checkbox"/>
Reception Support		----	<input type="checkbox"/>
Evening Ward Receptionist		----	<input type="checkbox"/>
Admin Support		----	<input type="checkbox"/>
Audio Library		----	<input type="checkbox"/>
Flower Arranging		----	<input type="checkbox"/>
Gardening		----	<input type="checkbox"/>

Health Questionnaire (for drivers only) - Confidential

<p>General Practitioner - <i>(your G. P. will only be contacted with your permission)</i></p>	
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<p>Health</p> <p>Have you ever suffered from any of the following -</p>	<p>Chronic eye trouble, eye injury or visual defect not corrected by spectacles -</p> <p style="text-align: right;">Yes --- <input type="checkbox"/></p> <p style="text-align: right;">No --- <input type="checkbox"/></p>
	<p>If 'YES' Please Specify -</p>
	<p>Hearing Defect -</p> <p style="text-align: right;">Yes --- <input type="checkbox"/></p> <p style="text-align: right;">No --- <input type="checkbox"/></p>
	<p>If 'YES' Please Specify -</p>
	<p>Asthma or Bronchitis?</p> <p style="text-align: right;">Yes --- <input type="checkbox"/></p> <p style="text-align: right;">No --- <input type="checkbox"/></p>
	<p>If 'YES' Please Specify -</p>
	<p>Heart or circulatory problems - <i>(inc. blood pressure)</i></p> <p style="text-align: right;">Yes --- <input type="checkbox"/></p> <p style="text-align: right;">No --- <input type="checkbox"/></p>
	<p>If 'YES' Please Specify -</p>

Health *continued*

Back problems -

Yes ---

No ---

If 'YES' Please Specify -

Blackouts, fainting attacks, epilepsy or giddiness?

Yes ---

No ---

If 'YES' Please Specify -

Skin trouble or rashes -

Yes ---

No ---

If 'YES' Please Specify -

Diabetes or Thyroid -

Yes ---

No ---

If 'YES' Please Specify -

Are you taking any medication -

Yes ---

No ---

If 'YES' Please Specify -

Immunisation	Have you been immunised against either of the following in recent years -	
	Hepatitis B	Yes ---- <input type="checkbox"/>
		No ---- <input type="checkbox"/>
	T. B. - Mantoux test	Yes ---- <input type="checkbox"/>
		No ---- <input type="checkbox"/>
	B. C. G.	Yes ---- <input type="checkbox"/>
No ---- <input type="checkbox"/>		

The medical information supplied by you on this form will be held in the strictest confidence and be made available to the Medical Director only. The information will not necessarily preclude you from becoming a Volunteer.

Signature -	
Date -	