





### **Career Enhancement Volunteer Application Form**

This application form is for those aged 16 and over, currently in an educational setting who wish to volunteer with the motivation being to develop and enhance transferable skills for their future career and/or professional development.

As a Team, we ask for a minimum commitment of 50 hours from Volunteers on this pathway.

Following this, you will be awarded a certificate as evidence of your dedication to your role and will be invited to continue your Volunteer role through broader shadowing opportunities within the NHS and Harrogate Integrated Facilities (HIF), in your specific area of interest.

If you require assistance in completing this form or require a different format 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  |             |  |  |
| <ul> <li>□ Male</li> <li>□ Female</li> <li>□ Transgender</li> <li>□ Non-Binary</li> <li>□ I do not wish to disclose my gender</li> </ul> | <ul> <li>□ Any other Asian Background</li> <li>□ Any other Black Background</li> <li>□ Any other Mixed Background</li> <li>□ Any other White Background</li> <li>□ Asian or Asian British - Bangladeshi</li> </ul> |             | <ul> <li>□ Chinese or other ethnic group - Chinese</li> <li>□ Chinese or other ethnic group - Other</li> <li>□ Mixed - White and Asian</li> <li>□ Mixed - White and Black African</li> <li>□ Mixed - White and Black</li> <li>□ White - British</li> <li>□ White - Irish/Scottish/Welsh</li> <li>□ I do not wish to disclose my ethnicity</li> </ul> |  |
| Religion (Optional)  | Sexual Orientation (Optional)  |             |  |  |
|  | <ul><li>☐ Asexual</li><li>☐ Bisexual and/or Pa</li><li>☐ Gay</li><li>☐ Heterosexual</li></ul>  | ansexual    | <ul><li>☐ Lesbian</li><li>☐ Queer</li><li>☐ I do not wish to disclose my Sexual</li><li>Orientation</li></ul>  |  |
|  | 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 – Your interest in Volunteering

Please outline your reasons for applying to be a Volunteer:

- What motivated you to pursue NHS Volunteering Opportunities?
- What transferable skills do you wish to learn and enhance?
- What future career goals are you working to pursue?

| Cootion 4 | Volunteer Decitions |  |  |
|-----------|---------------------|--|--|
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|           |                     |  |  |

#### **Section 4 – 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 during a placement call.

| Volunte                                 | eering 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                            |                  |
| Skills you wish us to consider          |                  |

# **Section 5 – 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 6 – Availability  |  |
|---|--|
| Preferred time to help Volunteering   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Section 7 – Further Important Informa   | ation - Please complete all sections   |
| Disability information  |  |
| Do you consider yourself to be disabled? Pleas  | e delete as appropriate:   |
| Yes   | No   |
| If you have answered 'Yes', what support or reayou to take up a volunteering post within this Tr  | asonable adjustments do you think you will need to be made for rust?   |
|   |  |
|   |  |
|   |  |
| Personal Health Information   |  |
| Is there anything relating to your health or personaccount? Please also detail below any relevant | onal circumstances which you would like us to take into health information.  |
|   |  |
| Nationality and immigration status  |  |
| •   | ommunity (EC) or European Area (EEA) National? Please  |
| Yes   | No   |
| Non-EU nationals  |  |
|   | have answered 'No'. Please supply details of any visa ate and details of any restrictions. Please confirm that the visa 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 strictest of confidence | details of the Conviction, Cautio<br>e.                               | n, Reprimand or Warning     | - these will be treated in the |
|   |   |                             |                                |
| All Volunteers will be                        | required to complete a Disclosu                                       | re Application for the Crim | ninal Records Bureau.          |
| , ,   | uired to complete the Trust's Hea<br>ne occupational health doctor as | •                           |                                |

Signature

Please return this form by email to: <a href="mailto:hdft.volunteering@nhs.net">hdft.volunteering@nhs.net</a> 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