

VOLUNTARY SERVICE APPLICATION FORM FOR STUDENT VOLUNTEER PLACEMENTS

Note:- Please only complete this form if your volunteer placement is a requirement for your college course or university application. (This application form is not for work experience applicants.)

1 – YOUR PERSONAL DETAILS

Title: MR/MRS/MISS/MS **Date of Birth:**

Name:-

Address:-

.....
.....

Post Code: -

Email Address: -

.....
(We will correspond with you by email only if possible)

Contact Telephone Number: -

Emergency Contact Name and Number: -

Relationship to you:-

2 – SCHOOL/COLLEGE DETAILS

School or College Name

School or College Contact Number
.....

Careers Advisor or Work Experience Co-ordinator Name:-

.....
.....

3– REFERENCES

Please provide name, address and email address of 2 referees who can provide character references. One must have known you for at least 1 year and not be related to you; the other referee must be a current college tutor or placement officer.

1)

2).....

4– Supporting Information

Please explain why you are applying to volunteer and what you hope to achieve in doing so?

What skills, knowledge or experience do you currently have that will enhance our patients experience?

Have you any preference regarding a placement?

5– Additional Information

Are you an EU national? YES/NO

Do you have any special requirements or adjustments: e.g. wheelchair access, hearing loop, support worker?

Would you need a personal evacuation plan in the event of an emergency? YES/NO

6 – SUBMISSION OF APPLICATION

Please return completed application form to:

Voluntary Services Department
Stepping Hill Hospital
Poplar Grove
Stockport
SK2 7JE
Tel (0161) 419 5400

FOR OFFICIAL USE ONLY

Interview date:	Interview time:
Interview letter sent:	References applied for:
Reference 1 received:	OH clearance:
Reference 2 received:	DBS clearance:

NOTES:

Please complete the following forms and return with your application form:-

**Confidentiality Form
Equality Monitoring Form
Declaration Form A**

Confidentiality Form

CONFIDENTIALITY AGREEMENT

In connection with services provided by you to the Stockport NHS Foundation Trust (the "Trust") you may acquire or have access to confidential information (including personal information) which must not be disclosed to any other person unless in pursuit of your duties as agreed with the Trust.

In consideration of being given access to such confidential information, you hereby agree that such confidential information shall be treated by you as confidential and you agree as follows:

1. In this agreement "Confidential Information" shall mean information of whatever kind (whether commercial, technical, financial, operational or otherwise, whether communicated verbally, in writing or in any other form, and whether or not expressly stated to be confidential) provided or made available to you by or on behalf of the Trust including (but not limited to):
 - a. the existence or contents of this agreement;

- b. information relating to the operation, business, employees, patients or suppliers of the Trust;
 - c. any other information generated or acquired by you in relation to the Trust; and
 - d. any modification (whether authorised or otherwise) made to any of the information mentioned in this paragraph 1 by you or any person to whom you have disclosed any of that information.
2. You will safeguard the Confidential Information and treat it with the strictest confidence and will not without the prior written consent of the Trust disclose, reveal, report, publish or transfer any Confidential Information to any third party.
3. You will divulge the Confidential Information only to those persons who are directly concerned with the provision of services to the Trust and who have a legitimate need to know or use such information or documents for the purposes of fulfilling their responsibilities and who have prior to such disclosure entered into an agreement with the Trust in the same form as this agreement or in such other form as may be approved by the Trust.
4. You will ensure that any such persons to whom you divulge any Confidential Information are aware that the same is confidential to the Trust.
5. You will not use the Confidential Information for any purpose other than for the fulfilment of your duties in connection with the provision of services to the Trust.
6. All papers furnished to you by the Trust (whether directly or through a third party) or generated or acquired by you will be returned or otherwise disposed of as the Trust may from time to time direct.
7. You will not make any copies (whether in physical or electronic form) of any Confidential Information.
8. The obligations set out in this agreement shall continue in full force and effect notwithstanding the completion of the services, and/or the termination of your involvement with the provision of the services.

The Data Protection Act 1998 regulates the use of all personal information and includes electronic and paper records of identifiable individuals (patients and staff).

If you are found to have used any information you have seen or heard whilst working with the Trust in breach of this agreement and the Data Protection Act 1998 you may face legal action.

Statement of Acceptance:

I understand that I am bound by a duty of confidentiality and agree to adhere to the conditions set out above.

Job Title / Role:	
Contact details:	
Print Name:	
Signature:	
Date:	

Equality Monitoring Form

As an NHS Trust we recognise & actively promote the benefits of a diverse workforce & are committed to treating everyone with dignity & respect regardless of age; disability; gender reassignment; pregnancy and maternity; race (including ethnic or national origins, colour or nationality); religion or belief; sex; and sexual orientation.

We therefore welcome applications from all sections of the community.

Name:

Race Relations (Amendment) Act 2000

* I would describe my ethnic origin as follows:

Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose
Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	

Employment Equality Regulations 2003

* Please select the option which best describes your sexuality

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose
---	---

* Please indicate your religion or belief

<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose
--	--	---

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you inform us that you have a disability we can make reasonable adjustments to where you work & you work arrangements at interview.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> I do not wish to disclose this <input type="checkbox"/> No
---	---

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of these categories apply please mark 'other'

<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability / Difficulty <input type="checkbox"/> Long-standing Illness <input type="checkbox"/> Other
---	---

DECLARATION FORM A

Please read this form carefully

CONFIDENTIAL

The position you have applied for has been identified as exempt under the Rehabilitation of Offenders Act 1974 (as amended) and is eligible for a criminal records check. The level of check (standard or enhanced and/or barred list checks) is determined by the roles and responsibilities of the position being applied for.

Before you can be considered for appointment with **Stockport NHS Foundation Trust**, we need to be satisfied about your character and suitability.

Please read the following notes carefully before completing this declaration form. If you require further information, please contact Marie Jackson Deputy Director of Human Resources.

All enquiries will be treated in strict confidence.

Stockport NHS Foundation Trust aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish to, to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Please answer *all* of the following questions. If you answer 'yes' to any of the questions, please provide full details in the space indicated at the end of the form. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

The position for which you have applied is exempt from the Rehabilitation of Offenders Act 1974 (as amended). This means that you must declare all criminal convictions, including those that would otherwise be considered 'spent'.

Answering 'yes' to any of the questions below will not necessarily prevent your appointment within the NHS. This will depend on the nature of the position for which you are applying and the particular circumstances.

-
1. Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Please note: you do not need to tell us about parking offences.

2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

NO ☐

YES ☐

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future. You do not need to tell us if you are charged with a parking offence.

3. Are you aware of any current NHS Counter Fraud and Security Management Service investigation following allegations made against you?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS.

4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current conviction or dismissal from your employment?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

Investigatory bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body.

5. Have you ever been dismissed by reason of misconduct from any employment, office or other position previously held by you?

NO ☐

YES ☐

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

6. Have you ever been disqualified from the practice of a profession, or required to practice subject to specified limitations following fitness to practice proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

7. Are you currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

8. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

NO ☐
YES ☐

If **YES**, please include details.

9. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?

NO ☐
YES ☐

If **YES**, please include details.

If you have answered 'yes' to any of the questions above, please use this space to provide details. Please **indicate clearly the number(s) of the question** that you are answering.

[You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so]

DECLARATION

Important: The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence and any barring decisions made against the Children's or Adults Lists under the terms of the Safeguarding Vulnerable Adults Act (2006), (as amended by the Protection of Freedoms Act 2012).

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, **Stockport NHS Foundation Trust** will not retain this declaration form any longer than necessary [see further details in '*Guidance Notes for Applicants*']. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I have read the '*Guidance Notes for Applicants*' that accompanied my application form, and I consent to the information provided in this declaration form being used by **Stockport NHS Foundation Trust** for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals)

DATE.....

If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact Marie Jackson, Deputy Director of Human Resources.