

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS
USING BLACK INK AND RETURN IT TO WILLOWBROOK HOSPICE.**

YOUR DETAILS

Mr Mrs Miss Ms Other (please tick one) National Insurance no.

Name: _____

Known as: _____

Address: _____

Postcode

Telephone No. _____ Mobile No. _____

E-mail: _____

ABOUT YOU

CURRENT/PAST OCCUPATION(S) (Please explain any gaps in employment history.)

FROM	TO	POST HELD	PLACE OF EMPLOYMENT	REASON FOR LEAVING

YOUR INTERESTS

Please state your interests, hobbies, special skills or other relevant details, which you feel could benefit the Hospice.

YOU AND VOLUNTEERING

Why do you want to volunteer for Willowbrook?

How do you hope to benefit from volunteering for Willowbrook?

Have you any previous experience of voluntary work? Yes No

If 'Yes', please give details: _____

If you have a car, you would be prepared to use it for voluntary duties? Yes No

ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT THE HOSPICE? (please tick where relevant)

Website Recommendation Personal experience Advertising Hospice Newsletter
 Newspaper advert St Helens CVS Knowsley CVS Facebook

Other (please state): _____

Have you been bereaved during the last 12 months? Yes No

Was your loved one a patient of Willowbrook Hospice? Yes No

If yes, please state when your loved one died: _____

ELIGIBILITY TO WORK ON THE UK (please tick)

Do you need a work permit to work/volunteer in the UK? Yes No

ONLY VOLUNTEERS AT THE HOSPICE WILL NEED TO COMPLETE A DISCLOSURE AND BARRING SERVICE (DBS) DISCLOSURE. HELP WILL BE GIVEN TO COMPLETE THE FORMS IF REQUIRED. IF YOU ARE APPLYING TO BE A RETAIL OR FUNDRAISING VOLUNTEER YOU DO NOT NEED TO COMPLETE A DBS DISCLOSURE.

ALL INFORMATION SUBMITTED ON THIS FORM WILL BE TREATED IN THE STRICTEST OF CONFIDENCE.

Work at the Hospice is exempt from the provisions of the Rehabilitation of Offenders Act. You are therefore required to divulge details of any criminal offence of which you may have been convicted, received a police caution for (in the UK) or a criminal conviction in any other country – whether or not it is spent.

Offence: Yes No N/A **Conviction:** Yes No N/A **Police Caution:** Yes No N/A

Are you the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals (including a regulatory body in another country)? Yes No

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following a fitness of practice investigation by a regulatory body (in the UK or another country)? Yes No

PLEASE NOTE: If you have answered Yes to any of the questions in this section you are required to provide details on a separate sheet.

REFERENCES

Please give name, address & telephone number of 2 referees – not family members

(One of your referees should be your previous employer, ONLY if you have worked within the last 2 years)

1. Name _____

Address _____

Postcode _____

Tel no. _____

Email address (if known): _____

2. Name _____

Address _____

Postcode _____

Tel no. _____

Email address (if known): _____

DECLARATION OF CONFIDENTIALITY

I understand that it is important that I meet my time commitments and give as much notice as possible if I am unable to attend as expected.

I understand that anything heard or learned in the course of my duties either concerning individual patients or the work of the Hospice must be treated in the strictest confidence.

I agree to keep all matters concerning Willowbrook Hospice and its patients in complete confidence.

Signed: _____

Dated: _____

YOUR VOLUNTEERING

Our volunteers help in so many different ways. There are three distinct areas in which you can help; at the Hospice, in our shops or warehouse or as part of our Fundraising Team. Please choose the area that you are interested in, and fill in that section of the form.

Because of the emotional nature of the work we do, eligibility to volunteer at the Hospice is 18 years of age and 16 years of age for the Fundraising Office and Retail Shops.

WILLOWBROOK HOSPICE

Please identify ALL the areas that interest you with a tick.

- | | |
|---|--|
| <input type="checkbox"/> Reception/Switchboard | <input type="checkbox"/> Driving (patient & non patient) |
| <input type="checkbox"/> Clerical/Administration | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Catering Assistant/Hospitality | <input type="checkbox"/> Laundry/Ironing |
| <input type="checkbox"/> Light Cleaning Duties | <input type="checkbox"/> Day Hospice (Tues, Wed, Thurs & Fri only) |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Rehabilitative Volunteer |
| <input type="checkbox"/> Ward Clerk | <input type="checkbox"/> Hospice Café |

WILLOWBROOK HOSPICE FUNDRAISING OFFICE, SHOPS & WAREHOUSE

Retail Volunteer:

- | | |
|--|---|
| <input type="checkbox"/> St Helens – Bridge Street | <input type="checkbox"/> St Helens – St Mary’s Arcade <small>((formerly Walmsleys Furniture Shop)</small> |
| <input type="checkbox"/> Rainford | <input type="checkbox"/> Thatto Heath |
| <input type="checkbox"/> Prescot | <input type="checkbox"/> Fingerpost |
| <input type="checkbox"/> Four Acre | <input type="checkbox"/> Page Moss (Lidl & McDonalds site) |
| <input type="checkbox"/> Dovecot | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Van Driver’s Assistant | |

Fundraising Volunteer:

- | | |
|--|---|
| <input type="checkbox"/> One off Events | <input type="checkbox"/> Lottery Collector |
| <input type="checkbox"/> House to House Collection | <input type="checkbox"/> Street Collections |
| <input type="checkbox"/> Administration/Office | |

The Living Well (Borough Road, St Helens):

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Reception/Admin | <input type="checkbox"/> Shop |
| <input type="checkbox"/> Holistic Support Volunteer | <input type="checkbox"/> Café |

AVAILABILITY

Please identify availability with a circle

When are you available?	Every Week			Every other week			Other (please specify)	
What times suit you best?	9-1pm			1-5pm			5-9pm	
Which days suit you best?	MON	TUES	WEDS	THUR	FRI	SAT	SUN	
Are there any dates or times when you are not available?								
Are you available at short notice?	Yes	No	How much notice will you need?					
Are you available to help out in other areas at short notice?	Yes	No	How much notice will you need?					

RECRUITMENT OF EX-OFFENDERS POLICY

PURPOSE

Willowbrook Hospice is committed to the principle of equality of opportunity and, subject to the over-riding consideration of protecting children and vulnerable people, undertakes to treat all applicants for positions fairly and not discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information received.

SCOPE

All Potential job applicants or volunteers based at the Hospice. This policy has particular reference to those concerned with recruitment.

POLICY STATEMENT

- As an organisation using the Disclosure and Barring Service (DBS) to assess applicants' suitability for positions of trust, Willowbrook Hospice complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.
- Willowbrook Hospice is committed to the fair treatment of its staff, potential staff, volunteers or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.
- This written policy on the recruitment of ex-offenders, is made available to all DBS applicants at the outset of the recruitment process.
- We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.
- A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a DBS is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.
- Where a DBS is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within Willowbrook Hospice and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process.
- Unless the nature of the position allows Willowbrook Hospice to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974.
- We ensure that all those in Willowbrook Hospice who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1974.
- At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment or volunteering.
- We make every subject of a DBS aware of the existence of the DBS Code of Practice and make a copy available on request.
- We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

Having a criminal record will not necessarily bar you from working or volunteering with us. This will depend on the nature of the position and the circumstances and background of your offences.

EQUALITY OPPORTUNITIES MONITORING FORM

Willowbrook Hospice is committed to promoting a diverse workforce and to active policies which provide equality and fairness for all in our employment and not to discriminate because of age, disability, gender reassignment, marriage and civil partnership, race, ethnic origin, colour, religion or belief, sex and sexual orientation.

To ensure that policies are fully and fairly implemented and monitored, please provide the information requested below in order to provide statistical information with which to review the Hospice's policies and procedures.

Information will be treated in strictest confidence and is **SOLELY USED FOR MONITORING PURPOSES**

This form follows the guidance issued by ACAS – March 2011.

Surname: _____ First name(s): _____

DATE OF BIRTH:

GENDER: *(please tick as appropriate)*

Male Female Prefer not to say

MARITAL STATUS *(please tick as appropriate)*

Single Married Other, please specify

SEXUAL ORIENTATION *(please tick as appropriate)*

Bisexual Gay man Gay woman/lesbian

Heterosexual Other Prefer not to say

RELIGION/BELIEF *(please tick as appropriate)*

Buddhist Hindu Jewish Christian

Muslim No religion Prefer not to say

Other religion or belief, please state:

ETHNICITY

How would you describe yourself? Choose one section from A to E, and then tick the appropriate box.

A. Asian or Asian British

Bangladeshi Indian Pakistani

Any other asian background, please write below:

B. Black or Black British

African Caribbean

Any other black background, please write below:

C. Chinese or other ethnic group

Chinese

Any other, please write below:

D. Mixed Heritage

White & asian White & black african White & black Caribbean

Any other mixed background, please write below:

E. White

British Irish Welsh English Scottish

Any other white background, please write below:

F. Prefer not to say

please tick if applicable

DISABILITY

Do you consider yourself to have a disability or long-term health condition? Yes No

If yes, please state the nature of the disability or long-term health condition?

Would you need any adjustments to be made to carry out volunteering? Yes No

If yes please specify

(If you would like to discuss your response, or are unsure of the types of reasonable adjustment that might be possible, please do not hesitate to contact the hr department.)

Prefer not to say please tick if applicable

Do you need any special assistance in attending interview? Yes No

If so, please give details:

LANGUAGES

Please indicate languages spoken and at what level, i.e. Basic, Conversational or Fluent?

DATA PROTECTION ACT 1988

The details on this form will be treated as confidential and will only be used for monitoring purposes. They will only be held as long as necessary. If successful they will become part of your personnel records and will be held on a computer database for monitoring purposes only.

Signed: _____

Dated: _____