

Please return your completed application form to:  
Trust Volunteering Team  
The Lodge, Lodge Approach, Wickford, Essex, SS11 7XX

**APPLICATION FOR VOLUNTEERS REGISTER PART 1**

Name:
Address:
Telephone/Mobile:
National Insurance (NI) Number:
Email:

In case of an emergency:

Name:
Telephone/ Mobile:
Relationship:

Is there a particular type of volunteering role that interests you?  
Please tick as many areas you feel appropriate.

Examples:

- Service User/Carer involvement on staff interview panels
  - Administrative Tasks
  - Working with individuals
  - Sit on interview panels
  - Befriending, buddying and visiting Service Users
  - Activities on wards and in community settings
  - National emergencies or incidents
  - Shop Volunteer
  - Home visiting/shopping
  - Other – please specify
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CPG39 - VOLUNTEERING PROCEDURE - Appendix 1

Please outline your availability to volunteer:

Availability	Morning	Afternoon	Evening	Other please specify
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Please indicate how often/length of time you will be able to volunteer:

On-going

Fixed Period (State length of time)

Please describe any skills that you have, that you would like to use in a volunteering role.

Please describe any special requirements you may have that would impact on the activities e.g. difficulties with stairs etc.

<b>REFERENCES FOR VOLUNTEERS PART 2</b>
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**Reference 1**

Name and address:
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Telephone:
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Email:
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Relationship:
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**Reference 2**

Name and address:
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Telephone:
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Email:
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Relationship:
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*N.B. Volunteers in receipt of benefits are advised to declare their voluntary activity to Jobcentre Plus.*

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I apply to be included on the Trust's volunteer register and understand that:

- An Occupational Health check will be made about me
- A Disclosure & Barring Service check might be made about me

I authorise the Trust to make whatever background checks they feel necessary about this application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MONITORING INFORMATION

### Name:

This section of the form will be detached from your file. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of applicants and appointees to jobs in support of their equal opportunities policies.

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome applications from all sections of the community.

* Date of Birth:	
* Gender:	<input type="checkbox"/> Male <span style="float: right;"><input type="checkbox"/> Female</span> <input type="checkbox"/> I do not wish to disclose this

### Equality Act 2010

* I would describe my ethnic origin as:		
<p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Any other Asian background</p> <p><b>Black or Black British</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background</p>	<p><b>Mixed</b></p> <p><input type="checkbox"/> White &amp; Asian</p> <p><input type="checkbox"/> White &amp; Black African</p> <p><input type="checkbox"/> White &amp; Black Caribbean</p> <p><input type="checkbox"/> Any other mixed background</p> <p><b>White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p>	<p><b>Other Ethnic Group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p> <p><input type="checkbox"/> I do not wish to disclose this</p>

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* Please select the option which best describes your sexual orientation:		
<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 this	
* 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"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
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 the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical Impairment Disability/Difficulty <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Problem	<input type="checkbox"/> Learning <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other

## Volunteer Recruitment Process

Volunteers make a huge impact and are a priceless asset to EPUT. Any help you can give is very beneficial to our service users and patients.

The Trust Volunteer Team is here to guide and support you through the whole process of becoming a volunteer for EPUT. For any queries please contact [epunft.businesssupport.volunteering@nhs.net](mailto:epunft.businesssupport.volunteering@nhs.net)

