



Voluntary Services Department

UHCW NHS Trust

**Coronavirus Response Volunteer**

Clifford Bridge Road

Walsgrave

Coventry

CV2 2DX

Dear Sir / Madam

Thank you for expressing an interest in becoming a volunteer with the Friends of St Cross who work in partnership with the University Hospitals Coventry and Warwickshire NHS Trust. Your offer of support at this time is very much appreciated.

UHCW NHS Trust values the involvement of local people as volunteers in activities that enhance the quality of the services we provide for our patients, visitors, carers and staff.

Before completing the application form, please see below further information about volunteering for us.

**What we look for in a volunteer**

* Friendly and approachable
* Caring and good listeners
* Comfortable approaching people to offer help
* Able to work independently and use initiative after initial training period
* Emotionally mature and able to stay calm in difficult situations
* Adaptable

**What happens next?**

Upon receipt of your application form, we will contact you to discuss next steps.

In accordance with the NHS Employment Check standards that apply to all applicants for NHS positions and staff in ongoing NHS employment, which includes volunteers, we are required to carry out the following:

* Identity checks
* Eligibility to work in the UK check
* Disclosure and Barring Service (DBS) check – formerly known as the Criminal Records Bureau.

The Disclosure and Barring Service was formed from the merger of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA). If you are a member of the DBS Update Service please inform the Voluntary Services Department as we may be able to carry out a Status Check on you.

I look forward to meeting you soon. Should you have any queries in the meantime, please do not hesitate to contact the office on 02476965146 / 02476965147.

Yours Sincerely



Kristine Davies

Head of Voluntary Services



**VOLUNTEER APPLICATION FORM**

Please complete this form and return it to:

Voluntary Services Department

Freepost RLZE-GZBZ-AAXJ

University Hospital

Clifford Bridge Road

Coventry

CV2 2DX

Or Email: volunteers@uhcw.nhs.uk

Office Contact No: 024 76965146 / 024 76965147

**Coronavirus Response Volunteer**

**Person Details:**

|  |  |
| --- | --- |
| **Full Name:** | |
| **Title: Mr / Mrs / Miss / Ms / Other** | **Address:** |
| **Preferred Name:** |
| **Date of Birth:** |
| **I can confirm I am 16 or over** | **Postcode:** |
| **I can confirm I am under 70** | **Email:** |
| **Telephone:** |  |

**Emergency Contact Details:**

|  |
| --- |
| **Name:** |
| **Relationship to you:** |
| **Contact telephone number:** |

**On a successful application, has UHCW NHS Trust permission to hold these Emergency Contact Details? Yes**  **No** 

**How did you hear about us?**

UHCW NHS Trust Website  Volunteer  Facebook  Other  Please write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any previous experience of voluntary work? Yes**  **No** 

|  |
| --- |
| **If yes, please give details:** |
|  |

**Which volunteer role/s are you interested in?**

|  |  |  |  |
| --- | --- | --- | --- |
| Meet and Greet |  | Driver |  |
| Stock Control |  | Other |  |

|  |
| --- |
| **If other, please specify:** |
|  |
| **CORONAVIRUS RESPONSE VOLUNTEER HEALTH FORM** | |

|  |
| --- |
| **PRIVATE AND CONFIDENTIAL** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Voluntary Services Team to complete** | | | | | | | |
| **ROLE INFORMATION (**To be completed by the Voluntary Services Team) | | | | | | | |
| **ROLE TITLE** | CORONAVIRUS RESPONSE VOLUNTEER | | | | | | |
| **DEPARTMENT** | VOLUNTARY SERVICES | | | **DIVISION** | | | CORE |
| **RESOURCING OFFICERS** | | | | | | | **TELEPHONE / EXT** |
| **MANAGER** | | KRISTINE DAVIES | | | | | 25147 |
| **RESOURCING** | | SUKIE DHARNI | | | | | 25146 |
| **Section 2 – Applicant to complete** | | | | | | | |
| **PERSONAL DETAILS (To be completed by applicant)** | | | | | | | |
| **TITLE** | Mr/Mrs/Miss/Ms/Dr/Rev/Other\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **DOB** | |  |
| **SURNAME** |  | | | | | | |
| **FIRST NAME(S)** |  | | | | | | |
| **ADDRESS** |  | | | | | | |
|  |  | | | | | | |
| **TOWN/CITY** |  | | | | | | |
| **POST CODE** |  | | | | | | |
| **TELEPHONE** |  | | **MOBILE** | | |  | |
| **EMAIL** |  | | | | | | |
| 1. Following the release of Government guidance, we are unable to facilitate placements for people who are considered ‘extremely vulnerable’. The definition of this group of people can be found: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>   Does the above guidance apply to you? Yes/No   1. The Government has also identified a group of ‘vulnerable’ people who are advised to socially isolate. We are unable to facilitate placements for people who are considered ‘vulnerable’. The definition of this group of people can be found: <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>   Does the above guidance apply to you? Yes/No   1. Do have a health condition or disability? Yes/No   If yes, please specify:  ……………………………………………………………………………………………………………………  Will this affect your ability to be a volunteer? Yes/No  If yes, what adjustments would you like us to consider to support your needs?  …………………………………………………………………………………………………………………… | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been vaccinated or immunised against any of the following? If YES please give details and include documentary evidence if available. If exact dates not known please give year.** | | | | |
| **VACCINATION** | **RECEIVED** | **CHILDHOOD OR FIRST COURSE DATES** | **OTHER DATES** | **COMMENTS** |
| Tuberculosis (BCG) | YES / NO |  |  |  |
| Rubella (German  Measles) | YES / NO |  |  |  |
| MMR (Measles, Mumps, Rubella) | YES / NO |  |  |  |
| Varicella Zoster (Chicken Pox) | YES / NO |  |  |  |

The Trust undertakes to discuss any information revealed in a Disclosure with the person seeking voluntary work before withdrawing a conditional offer from volunteering.

**Having a criminal record will not necessarily bar an ex-offender from volunteering with the Trust.** This will depend on the nature of the position and the circumstances and background of the offence.

**Rehabilitation of Offenders Act 1974**

In order to protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) order, 1975. It is not, therefore **IN ANY WAY CONTRARY TO THE ACT** to reveal any information you may have concerning convictions which would otherwise be considered as “spent” in relation to this application. Any such information will be kept in strict confidence, and used only in consideration of your suitability for this post.

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?

**Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?** Yes  No 

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your name appear on the Protection of Children Act List? Yes  No 

Does your name appear on the Protection of Vulnerable Adults List? Yes  No 

Are you a member of the Disclosure & Barring Service (DBS) update service? Yes  No 

**General Data Protection Regulations 2018:** Personal data relating to your application or any voluntary work with UHCW NHS Trust shall be processed fairly and lawfully in accordance with the Data Protection Act 1998. Please read the Privacy Notice on page 8 for information on how your personal information will be processed. Please indicate that you give your consent to be added to our volunteer database.

**I consent to being added to the Volunteer Database** 

**Confidentiality:** I understand that all matters relating to the treatment of patients are to be held by me in the strictest confidence and that no information will be divulged to any third party.

**I declare that the information given on this form is accurate to the best of my knowledge and that the voluntary placement offered will be subject to the information on this form being correct.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Notice**

As part of the volunteer application and management process, we will collect certain personal data, which we will process and hold in accordance with the General Data Protection Regulation (GDPR); which came into force on 25 May 2018.

This data will include your full name, date of birth, address, email address, contact numbers, school, college or other education centre (if applicable), training record and hours of work at our hospital(s). It will also include, where supplied, your disabilities (if any), gender and ethnic background. It will include a record of your DBS and Occupational Health checks.

Please tick to indicate your consent for this data to be held and processed by us for the purpose of assessing your suitability as a volunteer, managing your volunteer experience and monitoring our volunteer population only.

Please note that identity documents, proof of right to work in the UK, references, DBS and OH check results form part of the application. We will not process your data for any other reason and will not share it with any third parties.

For information, our volunteer software stores and processes data on secure servers in Canada, a country approved by the European Commission as trusted to comply with our data protection requirements.

If your application is unsuccessful, we will hold your data for 12 months, and then destroy it. If you are successful, we will hold your data (including training and attendance records) for the duration of your time with us, plus an additional period of six years before destroying it.

**Your rights**

Under the General Data Protection Regulation 2018 you have a number of rights with regard to your personal data. You have the right to request from us access to and rectification or erasure of your personal data, the right to restrict processing, object to processing as well as in certain circumstances the right to data portability.

If you have provided consent for the processing of your data you have the right (in certain circumstances) to withdraw that consent at any time which will not affect the lawfulness of the processing before your consent was withdrawn.

You have the right to lodge a complaint to the Information Commissioners’ Office if you believe that we have not complied with the requirements of the GDPR with regard to your personal data.

**Contact details**

UHCW NHS Trust is the controller and processor of data for the purposes of the GDPR.

If you have any concerns as to how your data is processed you can contact:

Information Governance Team on [information.governance@uhcw.nhs.uk](mailto:information.governance@uhcw.nhs.uk)

**Equality data collection form**

UHCW NHS Trust is committed to delivering services that are fair and accessible for all of our communities. To ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information.

All information is confidential and will be used for statistical purposes only.  
You do not have to answer any of these questions, but we would be very grateful if you would.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Race** (taken from the proposed 2011 census categories) | | | | | | | |
| **White** | | | | **Mixed/ multiple ethnic groups** | | | |
| * English/ Welsh/ Scottish/ Northern Irish/ British | | | | * White and Black Caribbean | | | |
| * Irish | | | | * White and Black African | | | |
| * Gypsy or Irish Traveller | | | | * White and Asian | | | |
| * Any other White background, write in: | | | | * Any other mixed/multiple ethnic background, write in: | | | |
| **Asian/ Asian British** | | | | **Black/ African/ Caribbean/ Black British** | | | |
| * Indian | | | | * African | | | |
| * Pakistani | | | | * Caribbean | | | |
| * Bangladeshi | | | | * Any other Black/ African/ Caribbean/ Black British, write in: | | | |
| * Chinese | | | |  | | | |
| * Any other Asian background, write in: | | | |  | | | |
| **Other ethnic group** | | | |  | | | |
| * Arab | | | | * I prefer not to say | | | |
| * Any other ethnic group, write in: | | | |  | | | |
|  | | | |  | | | |
| **Religion/Belief** | | | | | | | |
| * No religion | |  | |  | | |  |
| * Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | | | | | | | |
| * Buddhist | | * Agnostic | | * Sikh | | | * Muslim |
| * Jewish | | * Hindu | | * I prefer not to say | | | |
| * Any other religion/belief, write in: | | | | | | | |
| **Disability** | | | | | | | |
| *Do you consider yourself to have a disability, impairment or health condition?* | | | | | | | |
| * Yes | | | | | * No | | |
|  | | | | | * I prefer not to say | | |
| If yes, please list the type of disability or health condition you have: | | | | | | | |
| **Sexual Orientation** | | | | | | | |
| * Heterosexual | * Gay | | * Lesbian | | | * Bisexual | |
| * I prefer not to say | | | | | | | |
| **Sex/Gender** |  | | | |  | | |
| * Female | * Male | | | | * I prefer not to say | | |
| * Please tick if you live and work permanently in a gender other than that assigned to you at birth | | | | | | | |

**Thank you for your cooperation**