The Prince of Wales Hospice

Application Form for Volunteering

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| **Please complete in BLACK INK and BLOCK CAPITALS or TYPE** |

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| Volunteer Position Applied For |
| Volunteer Position Title: |
| How did you hear about volunteering at the Hospice: |

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| Personal Details |
| Surname: | Forename(s): |
| Address:Postcode: | Mobile Phone: |
| Home Phone: |
| Email: |
| Do you have a current, clean driving licence? | Yes / No |
| If the role involves driving, do you have use of a car on a regular basis? | Yes / No |

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| Why do you want to volunteer for the Hospice? |
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| Relevant knowledge, skills and experiencePlease tell us about your knowledge, skills and experience which you feel are relevant to this role.  |
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| Employment HistoryPlease provide a brief overview of your employment history which is relevant to this role.  |
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| Any Other Training / Qualifications (relevant to role) |
| Training | School / College / University | Year Obtained |
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| Membership of Professional Bodies (if relevant to role) |
| Professional Body |  |
| Membership Registration / pin number |  |
| Expiry / renewal date |  |

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| Further Supporting InformationPlease provide any other information in support of your application |
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| References |
| Please provide the names, addresses and contact numbers of two referees. Where possible, at least one referee must be your present or most recent employer.  |
| **Referee 1:** | **Referee 2:** |
| Name: | Name: |
| Job Title: | Job Title: |
| Address:Postcode: | Address:Postcode: |
| Telephone Number: | Telephone Number: |
| Email: | Email: |
| Relationship: | Relationship: |

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| Criminal Offences |
| The Prince of Wales Hospice is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are not entitled to withhold information about convictions, cautions, warnings, reprimands or binding overs which for other purposes are "spent" under the provisions of the Act. Any information provided will be confidential and will be considered only in relation to the post to which the order applies. Failure to reveal information could lead to a withdrawal of an offer of employment. In the event of any employment, failure to disclose this information could result in dismissal or disciplinary action.Have you ever been convicted or a criminal offence, received bind overs or police cautions?Yes / No (delete as appropriate). If yes, please provide details on a separate attached sheet.  |

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| Declaration |
|  I declare that the information given on this form and the Equal Opportunities Monitoring Form is accurate and true. I understand that providing misleading or false information will disqualify me from volunteering at the Hospice.I understand that my eligibility to volunteer is subject to satisfactory references, registration (if appropriate) and if required, a Disclosure and Barring Service (DBS) check.The information provided by me may be held on computer and therefore falls within the provision of the Data Protection Act. I understand that the processing of all data for employment purposes will be as per the above Act.Signature: ............................................................................................. Date: ............................................ |

**This form must be returned with the Equal Opportunities Monitoring Form.**

**These forms can be returned by post or by email:**

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| **If returning by post:**The Personal AssistantThe Prince of Wales HospiceHalfpenny LanePontefractWest YorkshireWF8 4BG | **If returning by email:**asibbit@pwh.org.uk |