

# Beaumond House Community Hospice

**32 London Road, Newark, Notts, NG24 1TW**

**Tel 01636 610556. E-mail hannah.smith@beaumondhouse.co.uk**

**Application form for Volunteers to work for Beaumond House**

**Before completing this form, applicants should be aware that the Health and Social Care Act 2008 requires all personnel working with vulnerable adults to produce an Enhanced Disclosure form. This means that if this application is successful you will be asked to produce identification documentation so that an Enhanced Disclosure can be obtained from Criminal Records Bureau. This is free of charge.**

|  |  |
| --- | --- |
| Surname |  |
| First name(s) |  |
| Date of Birth |  |
| Telephone numbersHomeMobile |  |
| AddressPostcode |  |
| Email address |  |
| Contact in case of emergencyWhat are your reasons for wishing to volunteer at Beaumond House? | Name:Telephone numbers: |
| Have you had any previous voluntary experience? If yes, please state who with and your reasons for leaving |  |
| How much time do you feel you have free for voluntary work? Please indicate how many hours and what days you would be available. |  |
| In what areas are you interested in volunteering? |  |
| Do you have any health problems? | Yes/No (if ‘yes’, please give brief details) |
| Have you suffered a bereavement or family crisis within the last 12 months? | Yes/No (a ‘yes’ answer may only preclude you from some voluntary roles for a temporary period) |
| Part of the Beaumond House training involves use of online eLearning. Are you comfortable completing this type of training and would you need support with this?  | Yes/No (please give details if you are not comfortable with this type of training or if additional support would be needed) |

|  |  |
| --- | --- |
| References – please give the names and email or postal address of 2 people who are willing to complete a character questionnaire about you. **These people should have known you for at least 2 years and should not be related to you**. | 1.Capacity in which acting as referee:2.Capacity in which acting as referee: |
| Have you ever been convicted of a criminal offence, been bound over, cautioned or issued with a final warning or reprimand in the UK or any other country which are not ‘spent’?  | Yes/No (If answering ‘yes’ please provide details) |
| Are you currently the subject of any police investigations which might lead to a conviction, an order binding you over or a caution in the UK or any other country? | Yes/No (If answering ‘yes’ please provide details) |

Having a criminal record may not necessarily bar you from volunteering at Beaumond House

**DECLARATION**

I declare that to the best of my knowledge the information I have provided is correct.

Information given on this form may be entered onto a computer and held and processed in accordance with the terms of the General Data Protection Act (2018). It will be treated in a secure and confidential manner.

In signing this form, please note that you are agreeing to references being followed up.

Signed ................................................... Date ..........................

Please return this form and the attached confidentiality statement to Beaumond House for the attention of Hannah Smith, Volunteer Administrator.



**Volunteer Confidentiality Statement 2022**

All the information passing through this organisation is of a highly sensitive and confidential nature. It is therefore essential that any such information obtained by a Volunteer throughout the course of their duties, is not divulged to any other persons, either inside or outside of the organisation. We provide a personal and professional service, and it is imperative that a high standard is maintained in the discharge of responsibilities to the patients, families, staff, volunteers, visitors, customers, and members of the public. In accepting the confidence and trust of others we assume the obligation to keep knowledge of their health, private or business matters to ourselves.

You are therefore required, either during the time you are Volunteering for Beaumond House or at any time thereafter, to keep confidential and personal, private or medical information relating to all persons as outlined above. This will include any confidential information belonging to the organisation of which you have gained knowledge throughout the course of your time here.

You are expected to strictly adhere to these rules and in signing this statement you have accepted that you will agree to abide by them. Beaumond House has a Confidentiality Policy and Procedure in place, and you will be asked to read these at a later stage.

A breach of confidentiality may result in the need to invoke a formal process.

**Signature**

**Name (please print)**

**Date**