



***NHS Western Isles – Volunteer Application Form***

The information you provide will be used solely for the purposes of administering the Volunteering Programme within NHS Western Isles and will not be disclosed to any external sources without your express consent. Volunteering data is stored nationally under agreed security protocols that limit access to only those staff who need to access the information in administering the Volunteering Programme.

Please print all information below in BLOCK CAPITALS.

Surname:		Title:	
First name:			
Address:			
Post code:			
Telephone number:			
Mobile number:			
Email:			
Date of birth:			

	Yes	No
Can you drive?		
If you can drive, would you be interested in becoming a volunteer driver?		
Do you have any access requirements? (Please provide information in the box at the end of this form)		

Current employer:		Hours of work:
Job title:		

In order to request references on your behalf, please provide the following information in full. Your references should not be from family members.

<i>Reference 1</i>		<i>Reference 2</i>	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
Relationship:		Relationship:	

What times would you be available for volunteering?	
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Please use this space for any additional information required in any previous questions.
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**Rehabilitation of Offenders Act (1974)**

Volunteers should note that the Health Service is **not** covered by the Rehabilitation of Offenders Act (1974). You are asked to declare whether or not you have had a criminal conviction. Failure to disclose a conviction may result in your being asked to leave voluntary work should it come to light at a later date. Disclosure will not preclude you from voluntary work, but will help in deciding the best placement for you. Should you be charged with or convicted of an offence whilst with NHS Western Isles, you are obliged to inform the relevant member of staff.

	Yes	No
Have you ever been convicted of a criminal offence?		
<b>Reason for, and date of, conviction.</b>		

**Declaration & signature**

I declare that the information given in this application (on pages 1 and 2) is correct and that I will adhere to the guidelines for volunteers drawn up by the voluntary services manager. I give permission for my references to be contacted.

Signature:		Date:	
Print name:			