

## Application for volunteer placement

### Personal details (in block letters)

<b>First name:</b>		<b>Last name:</b>			
<b>Previous name(s):</b>		<b>Known As:</b>		<b>Title</b>	
<b>Address:</b>					
<b>Who to contact in an emergency:</b> <i>(name/relationship/phone #)</i>	<i>Name:</i>	<b>YOUR Mobile:</b>			
	<i>Relationship:</i>				
	<i>Number:</i>				
<b>Email:</b>					
<b>Date of Birth:</b>					
<b>Current situation</b>	<i>e.g. Yr 12 Putney High School</i> <i>e.g. Recently retired solicitor</i> <i>e.g. Children just gone to school/university</i>				
<b>Vaccination Status (not currently mandatory)</b>	<b>Date of latest vaccination for our records:</b> <i>(Please indicate whether this is 1<sup>st</sup>, 2<sup>nd</sup>, or booster vaccine)</i>				

Preferred placement(s)								
Group activities 1:1 befriending (Ward based) CoDa Dance project Computer Room Music Therapy support Fundraising Administration Other (please specify skills you can offer)								
Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Ad hoc
a.m (10–12.30pm)								
p.m (1.30 – 4pm)								

#### Please note:

- We would appreciate a minimum commitment of six months in a regular time slot
- Some roles are flexible and do not require a fixed day (but this is usually after an initial 6 months)

### A bit about you:

Training/Skills/Languages/Hobbies/Interests that might be useful/transferable in your volunteering role
<i>A levels in Biology, Maths, Physics; sing in choir, play guitar, enjoy sports etc...</i> <i>Partner Russell Cooke (family law); conversational French, gardening, golf</i> <i>Previous media career; current affairs, arts/crafts; languages spoken</i>

**What inspires you to want to volunteer for the RHN?**

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**References**

Please give the names and contact details of two people who can provide a reference for you. They **MUST NOT** be members of your family, and one must be from a professional (e.g. Employer/Teacher). Please note that when providing these contact details, you are also giving the RHN consent to contact your referees following receipt of your application form.

**Reference 1 – Professional referee (e.g. teacher, employer)**

<b>Name:</b>		<b>Job title:</b>	
<b>Company:</b>		<b>Relationship to you:</b>	
<b>Email :</b>		<b>Telephone number:</b>	

**Reference 2 – Professional or Personal referee (but not a family member)**

<b>Name:</b>		<b>Job title:</b>	
<b>Address:</b>		<b>Relationship to you:</b>	
<b>Email :</b>		<b>Telephone number:</b>	

**Criminal convictions**

The RHN is exempt from the Rehabilitation of Offenders Act 1974 so you must declare all convictions (spent and unspent) and any cautions. Disclosure of a conviction, caution or reprimand does not necessarily mean that you will not be appointed. However an offer of a placement may be withdrawn or dismissal may result if criminal offences are not disclosed.

Have you ever been convicted of a criminal offence?  No  Yes.

*A DBS check will be carried out as part of the application process.*

**Declaration**

I confirm that to the best of my knowledge all information I have given in my application is correct. Any false, deliberate omission or misleading information may be sufficient cause for rejection or cessation of volunteer placement.

*The Royal Hospital for Neuro-disability (RHN) is committed to protecting your privacy and our privacy policy is written in accordance with the Data Protection Act (2018). We collect personal information about you when you register to volunteer with us. This may include your name, addresses, telephone numbers, email, date of birth, photographs and other personal details. By signing this Volunteer Application Form, you give permission for the RHN to hold and process personal information and this includes consent to email you with service updates and information relevant to your volunteering role.*

<b>Signature:</b>		<b>Date:</b>	
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If returning by email, please check this box to confirm your agreement to above statement:

<b>Once completed, please return this form to:</b>	Emma Cartwright, Volunteer Coordinator, RHN, West Hill, Putney, SW15 3SW E: <a href="mailto:ecartwright@rhn.org.uk">ecartwright@rhn.org.uk</a> T: 020 8780 4500 x 5952			
<b>Office use only:</b>	Date of Covid jab:	Date of CRA:	Date of induction:	DBS #: