

## **Application for volunteer placement: GENERAL**

Personal details (in block letters)

First name:		Last name:			
Previous name(s):		Known As:		Title	
Address:					
Who to contact in an emergency:	Name: Relationship: Number:		YOUR Mobile:		
Email:			Date of birth:		
Current situation	e.g. 1st Year Roehampton University e.g. Recently retired solicitor e.g. Children just gone to school/university				

Volunteering Opportunities (Role to be discussed at initial meeting depending on your availability and our current need)									
Group activities				Computer Room					
1:1 befriending (Ward based)				Music Group activity					
Fundraising				Art Group activity					
Administration				CoDa Dance project					
Availability	Monday	Tuesday	Wednesday		Thursday	Friday	Saturday	Sunday	Ad hoc
a.m (10.30-12.30pm)									
p.m (1.30 – 4.30pm)									

## Please note:

- We normally require anyone wishing to volunteer with us to commit to a regular slot (weekly or fortnightly) for a minimum of 6 months (if coming weekly) or 50 hours (if coming fortnightly). We find this makes for the most meaningful experience for volunteers and the RHN residents they support.
- > 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						
A levels in Biology, Maths, Physics; sing in choir, play guitar, enjoy sports etc						
Partner Russell Cooke (family law); conversational French, gardening, golf						
Previous media career; current affairs, arts/crafts; languages spoken						



Student Referee:  If you are a College/University student, please give the name of your tutor/placement coordinator. We will liaise with this peerson regarding your volunteering (e.g. attendance record, empathy, initiative, teamwork etc.) and contact them should we have any concerns.  University/College Contact:    Vame:	What inspires you to want to volunteer for the RHN?							
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The Disclosure and Barring Service Checks The Disclosure and Barring Service helps the RHN make safer recruitment decisions for our Volunteer team. A DBS check will be carried out as part of the application process. You will need to provide 3 forms of ID. At least one of the documents needs to have your current address. Once a satisfactory DBS is confirmed and you have completed your online Volunteer Induction, you will be able to start your placement.  Please indicate (**) the 3 documents you plan on bringing to your initial meeting with the Volunteer Coordinator (they need to be the originals):  Passport (current and valid):  Utility bill (issued in last 12 months):  Driving licence photocard (full/provisional):  Birth certificate:  Council tax statement (issued in last 12 months):  Biometric Residence Permit (BRP):  Bank/building society statement or account opening letter (issued in last 3 months):  Other (please specify):  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?  A DBS check will be carried out as part of the application process.  Declaration  Lonfirm 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								
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If returning by email, please check this box to confirm your agreement to above statement:  Once completed, please	Injoiniation relevi	unt to your void					T	
Once completed, please Emma Cartwright, Volunteer Coordinator, RHN, West Hill, Putney, SW15 3SW	Signature:					Date:		
	If returning by	email, pleas	e check this box to co	onfirm y	our agreement to	above stateme	nt:	
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