Please complete and return this form to [volunteers@solent.nhs.uk](mailto:volunteers@solent.nhs.uk)

alternatively, you can call – 0300 123 4013

**VOLUNTEER FAST TRACK FORM**

**Personal Details**

|  |  |
| --- | --- |
| Title | Mr/Miss/Mrs/Ms/Other - please circle or state: |
| \* Surname |  |
| \* First Names |  |
| Preferred Name |  |
| \* Address / Postcode |  |
| \* Telephone |  |
| \* Email |  |
| \* Emergency Contact | (Name, Relationship, Telephone Number) |
| Do you have a disability? | 🞎 Yes 🞎 No |
| \* Date of Birth |  |
| How did you hear about this opportunity? | Trust Website/Facebook/Twitter/Radio/Instagram/Member of Staff/Family/Friend/Other – please circle or state: |

\* required information

|  |  |
| --- | --- |
| Days available: | Mon Tues Wed Thurs Friday Sat Sun |
| Times available: |  |
| Location / Area: (i.e. Portsmouth/Southampton/ Remote working) |  |
| Please can you provide information on what gifts, time, knowledge or experience you would like to bring to the Solent family |  |
| Please tell us why you are interested in Volunteering for Solent NHS Trust and give examples of things you have done that make you particularly suited to be a volunteer. |  |
| Do you have a Disclosure and Baring Service (DBS) check? (yes/no) | *Please provide certificate number here (and a copy of your application from with your application form):* |
| Do you have a car/means of transport? |  |
| Do you have any health limitations? |  |
| Do you have anyone at home, who is at risk: (yes/no) |  |

**References**

Please give the names and telephone numbers of two referees who have known you for at least 3 years. We are requesting a personal character reference; it may be a friend, neighbour, or someone you have worked with (i.e. they should know you well). If you have been in work or education in the last three years, ideally one of your referees would be a co-worker or teacher/tutor.

**Referees cannot be relatives.**

**Referee 1**

|  |  |
| --- | --- |
| **Title:** Mr/Miss/Mrs/Ms/Other - please circle or state: | |
| \* Surname |  |
| \* First Names |  |
| \* Address |  |
| \* Post Code |  |
| \* Telephone |  |
| Email |  |
| \*Relationship to you |  |

**Referee 2**

|  |  |
| --- | --- |
| **Title:** Mr/Miss/Mrs/Ms/Other - please circle or state: | |
| \* Surname |  |
| \* First Names |  |
| \* Address |  |
| \* Post Code |  |
| \* Telephone |  |
| Email |  |
| \*Relationship to you |  |

*Thank you for your support, we could not do this without our volunteers.*

**Offline Disclosure and Baring Service (DBS) Form**

**Please note - This information will not be shared with the interviewer**

|  |  |
| --- | --- |
| Title | Mr/Miss/Mrs/Ms/Other - please circle or state: |
| Gender | Male/Female |
| Current forename |  |
| Middle name |  |
| Do you have any other middle names? | Yes/No |
| If yes, please provide the names and dates these were used |  |
| Current surname |  |
| Date of birth |  |
| Current address postcode |  |
| Have you ever used another forename? | Yes/No |
| If yes, please provide the names and dates these were used |  |
| Have you ever used another surname? | Yes/No |
| If yes, please provide the names and dates these were used |  |
| National Insurance number |  |
| Born in the UK? | Yes/No |
| If no, please specify |  |
| Birthplace (Town/ District/ Borough) |  |
| Birthplace (Country) |  |
| Nationality |  |
| CURRENT ADDRESS DETAILS | |
| Country |  |
| Current post code |  |
| Town/District |  |
| County/City |  |
| Please provide the date you have occupied this address since |  |
| If this is for less than five years please provide a continuous address breakdown, and the dates you occupied this address |  |
| Mobile number |  |
| Preferred time to call |  |
| Email address |  |
| Do you have any convictions cautions, reprimands or final warnings which would not be filtered in line with current guidance? | Yes/No |
| DBS APPLICATION CONSENT | |
| DBS applications are submitted online. There are two parts to this process, one of which will be sent to you (via email) to complete. However, if you prefer (and with your consent) Solent NHS Trust can complete this on your behalf. Please sign and date if you would like Solent NHS Trust to complete the second part of your DBS application. We will keep you informed once complete. | |
| Yes/No  Signed:  Date: | |
| **Supporting Information – please can** **you submit 3 forms of identification, one of which must be photo identification (passport or driving licence) with your application (a photograph or scan are acceptable):**   * A copy of your driving licence (if you have one) * A copy of your passport or birth certificate * Proof of your address (a household bill/bank statement from the last 6 months)   **Please can you also send in:**   * A picture of yourself for your identification (ID) Badge (a selfie picture is acceptable, if it is clear)   To speed up the process, if you have received a Disclosure and Baring Service check within the last 3 years, please take a picture of the certificate (in full) and send this to us – thank you | |

**Occupation Health and Wellbeing Service – Volunteer Health Assessment Form**

**Please note - This information will not be shared with the interviewer**

|  |
| --- |
| **Name**:       **Date of Birth:**  **Address:**  **Telephone Number:** |
| **Family Doctor- Name:**  **Address:**  **Telephone Number:** |
| **Person to contact in an Emergency- Name:**  **Relationship to you:**  **Telephone Number:**  **Mobile (if different to above):** |

**Please answer questions below (Tick appropriate box)**

Have you seen your GP or any other health professional **Yes**  **No**

(other than minor complaints) in the last year for anything?

**(Please give details)**

Do you have any health problems that could **Yes**  **No**

affect you in the workplace?

**(Please give details)**

Do you have any impairment which may need **Yes**  **No**

adjustments to be made in the workplace.

**(Please give details)**

**Allergies**

Do you have any allergies? **Yes**  **No**

Examples: medications, wasp/bee stings, latex, soaps etc.

**(Please give details)**

**Tuberculosis TB**

Have you ever had TB? **Yes**  **No**

Have a productive cough? **Yes**  **No**

Have swollen neck glands? **Yes**  **No**

Suffer weight loss/fatigue/night sweats? **Yes**  **No**

Have a family member /close contact of someone with the above? **Yes**  **No**

Are you a new entrant to the UK, or have you recently lived?

or worked in a TB endemic area for more than 3 months? **Yes**  **No**

If you answered **YES** to any questions about TB; please give details

Have you been in contact with any infectious diseases in?

past 3 months e.g. Measles, German Measles, **Yes**  **No**

Have you had Chicken Pox **Yes**  **No**

**Vaccinations** – when did you last have the following? (You may need to check with your GP?

|  |  |
| --- | --- |
|  | **Date given (if known)** |
| **Polio -** This vaccination may be given as Diphtheria/Tetanus/Polio |  |
| **Tetanus -** This vaccination may be given as Diphtheria/Tetanus/Polio |  |
| **Rubella -** This vaccination may be given as MMR |  |
| **BCG for TB** |  |

**I declare that the information given is correct.**

Signed:

Date:

**Code of Confidentiality Agreement and Data Protection & Responsibilities Relating to Non-Solent NHS Trust Employees**

**Scope:**

This document applies to all non-Solent NHS Trust employees, who are working alongside Solent NHS Trust, in a voluntary or shadowing capacity, within the Trust (including volunteers, students, work experience personnel, professionals shadowing, etc).

**Code of Confidentiality:**

During my placement with Solent NHS Trust I may be responsible for the creation, storage, handling or retrieval, disclosures of confidential and/or sensitive information, etc about service users, carers, other members of staff and Trust business.

I hereby agree that I will not disclose or discuss such information (unless with authorised parties/persons identified by the Chief Executive or another Senior Officer of the Trust or in accordance with the Public Interest Disclosure Act 1998); both during and after my placement with the Trust and understand that a breach of confidentiality may result in being reported to the Information Commissioner’s Office, who oversee the enforcement of the Data Protection Act 2018 and associated Data Protection Regulations.

I also understand that all such data, whether paper-based or held on computer, must be managed in accordance with the relevant legislation and regulations, including the General Data Protection Regulations 2016, Caldicott Principles, Copyright Designs and Patients Act 1998, Computer Misuse Act 1990 and Freedom of Information Act 2000.

I will act in accordance to Trust policies and procedures including.

* Data Protection Compliance Policy
* Records Management Policy
* Information Request Policy
* Information Sharing Protocols
* NHS Code of Confidentiality

**Disclosure of patient information:**

I am aware that there are protocols for disclosing patient’s information and I will always abide by these. Any queries I have regarding sharing patient information should be directed to the manager of the service I am working within.

**Failure to comply:**

I understand that failure to comply with any of the above commitments could constitute a breach of confidentiality, which could lead to dismissal and prosecution.

**Agreement:**

I understand that I must comply with all the above and I will continue to be bound by these requirements once my placement has ended.

Signed:.......................................................................................................................

Full Name (please print)...............................................................................................

Date:..........................................................................................................................

**Please note – if you are under 18, please ask your parent/guardian to complete the Consent below.**

I give permission for my child to undertake voluntary work for Solent NHS Trust:

Name of Child: …………………………………………………………………………………………….

(Please print)

Parent/Guardians Name: …………………………………………………………………………………………….

(Please print)

Date: …………………………………………………………………………………………….

Signature: …………………………………………………………………………………………….

**Monitoring Information**

**Please note - This information will not be shared with the interviewer**

NHS organisations recognise and actively promote the benefits of a diverse workforce of volunteers and are committed to treating all employees and volunteers with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.  We therefore welcome applications from all sections of the community.

|  |  |
| --- | --- |
| \* Date of Birth |  |
| \* Gender |  Male   Female   I do not wish to disclose this |

|  |  |  |
| --- | --- | --- |
| \* I would describe my ethnic origin as: | | |
| **Asian or Asian British**   Bangladeshi   Indian   Pakistani   Any other Asian background  **Black or Black British**   African   Caribbean   Any other Black background | **Mixed**   White & Asian   White & Black African   White & Black Caribbean   Any other mixed background  **White**   British   Irish   Any other White background | **Other Ethnic Group**   Chinese   Any other ethnic group   I do not wish to disclose this |

|  |  |  |
| --- | --- | --- |
| \*    Please select the option which best describes your sexual orientation | | |
|  Lesbian   Gay   Bisexual |  Other   Heterosexual   I do not wish to disclose this | |
| \*    Please indicate your religion or belief | | |
|  Atheism   Buddhism   Christianity   Islam |  Jainism   Sikhism   Judaism |  Hinduism   Other   I do not wish to disclose this |

|  |  |
| --- | --- |
| \* Do you consider yourself to have a disability? |  Yes   No   I do not wish to disclose this information |
| Please state the type of impairment which applies to you.  People may experience more than one type of impairment; in which case you may indicate more than one.  If none of the categories apply, please mark ‘other’. | |
|  Physical Impairment                                                                                             Learning Disability/Difficulty   Sensory Impairment                                                                                             Long-standing illness   Mental Health Problem                                                                                       Other | |