

**VOLUNTARY SERVICES DEPARTMENT**  
**APPLICATION FORM FOR VOLUNTARY WORK.**

Complete this form in CAPITAL letters

**Full Name: (Rev, Mr, Mrs, Miss, Ms):** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Mobile Telephone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

- Please tick this box to confirm you are over 17 years of age as this is the minimum age for working in a clinical area with hospital patients
- Please indicate which area of work you would like to do at Tameside Hospital.

\_\_\_\_\_

Do you need a UK permit to do this job under the terms of the Immigration and Asylum Act 1996?
<input type="checkbox"/> No, I do not need a UK Work Permit <input type="checkbox"/> Yes, I do need a UK Work Permit
<input type="checkbox"/> No, I have a UK Training and Work Experience Permit.
Details of any permit currently held



**PLEASE PROVIDE THE NAMES AND ADDRESSES OF 2 REFEREES**

*(Please note that your referees must NOT be relatives NOR can they live at the same home address as you)*

Referees must be adults (over 18 years of age) and can be family friends, neighbours or someone who has **known you for at least 2 years** and who is not a relative.

**STUDENTS:** Please be advised that if any of your referees are school/ college tutors this can delay the process during the long summer holiday. Also, please provide us full information if you are using a teacher/ college tutor as a referee including such as their job title (e.g. Head of English department) and name of the school/ educational establishment as sometimes these are large establishments and the reference can take a while to be delivered to them.

(Rev, Mr, Mrs, Miss, Ms)

**EMAIL ADDRESS:**

Tel. No: \_\_\_\_\_

LAST name \_\_\_\_\_

First name \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

(Rev, Mr, Mrs, Miss, Ms)

**EMAIL ADDRESS:**

Tel. No: \_\_\_\_\_

LAST name \_\_\_\_\_

First name \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

**Your qualifications or training:**

\_\_\_\_\_

**Have you ever done Hospital or Voluntary work before Yes/No (If yes, please give details)**

\_\_\_\_\_

**Next of Kin - Name, Address, Telephone Number**

\_\_\_\_\_

**Electronic Disclosure and Barring Check (the police check)**

The Electronic Disclosure and Barring check has been set up to facilitate safer recruitment to protect children and vulnerable adults by providing a disclosure service. A disclosure is an impartial and confidential document that

details an individual's criminal record from information held by the police and government departments.

If successfully appointed, you will be provided with information on how to apply for the E-D&BS check.

### Medical Screening

All successful candidates are subject to an Occupational Health Screening. This will confirm whether the applicant is fit to undertake the duties of the post they have applied for. You will be asked to fill in a medical form, which also includes your vaccination history.

Please sign to confirm that the information provided in this application form is correct and complete. By signing you are confirming that you understand and accept that if you withhold information or provide false or misleading information it may result in your application being rejected, or if you are appointed in a voluntary capacity, in your service being discontinued.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please return completed form to:

The Voluntary Services Department  
Tameside and Glossop Integrated Care NHS Foundation Trust  
Fountain Street  
Ashton-Under-Lyne  
Tameside  
OL6 9RW

**Tel: 0161-922-5335**

<p><b>OFFICE USE ONLY</b></p> <p><u>DATE of INTERVIEW LETTER:</u></p> <p>_____</p> <p><u>DATE REFERENCES APPLIED FOR:</u></p> <p>_____</p> <p><u>DATE of INDUCTION LETTER:</u></p> <p>_____</p> <p>_____</p>
--



DATE COMMENCED: \_\_\_\_\_ DATE DISCONTINUED: \_\_\_\_\_

