

*providing the excellent care we  
would expect for our own families*

The Royal Bournemouth and   
Christchurch Hospitals  
NHS Foundation Trust



# Macmillan Unit

## Volunteer Application Form

For Specialist Palliative Care Volunteers



The Macmillan Unit,  
Christchurch Hospital  
Fairmile Road,  
Christchurch, Dorset BH23 2JX  
[www.macmillanlocal.org](http://www.macmillanlocal.org)  
Tel: 01202 705353  
email: [anita.rigler@rbch.nhs.uk](mailto:anita.rigler@rbch.nhs.uk)  
Registered Charity No. 268218

Please email the completed form to the Volunteer Administrator [anita.rigler@rbch.nhs.uk](mailto:anita.rigler@rbch.nhs.uk) or post to the Macmillan Unit at the above address.

## VOLUNTEER INFORMATION FORM

Patient, Non Patient and General Volunteering for Hospital and Charity roles

### About you

Title: Mr/Mrs/Ms/Miss/Other Please select  
No

Under 18 years?  Yes  No

First Name(s):

Surname/Family Name:

Address:

County:

Post Code:

Home  
Tel No:

Mobile No:

Work No.

Email  
address

*\* If you are currently undertaking studies in health or social care or are applying for medical school and are 17 years old or over, please state on your Information Form that you are applying for 'Work Experience' and indicate your availability and area of interest.*

### Emergency Contact Details:

Name of person to contact in an emergency:

Relationship to you:

Contact telephone Number(s)

**Do you consider yourself to have a disability?**  Yes  No

Do you need any reasonable adjustments to enable you to volunteer?  Yes  No

**What role would you like to volunteer for?**

Hospital role  Charity Based role  The Grove Hotel  Day Centre  Driving

A specific role (Please state)

### Your availability

We believe that volunteering should offer flexibility and provide you with the opportunity to offer your skills and time around your personal life, whilst always ensuring that the needs of the Trust are met. It would therefore be most helpful to know your potential availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What time you would be available for:- Weekly / Bi-Weekly / Monthly shifts Please select**

**If available, would you come at short notice?** Yes  No

What are you hoping to gain from your volunteering experience?

Have you experienced a personal bereavement within the past year? Yes  No

*It is the policy of the Macmillan Unit that bereaved carers or close relatives have time to overcome their loss therefore we will not accept a new volunteer within 12-months of a bereavement.*

If yes what was your relationship with this person?

Please list any relevant skills or training which you feel could be of advantage to the Trust and your enjoyment as a Macmillan volunteer.

What do you feel are your particular strengths and qualities that can help to support our patients?

### Right to work – Identity Checks and prevention of illegal working Asylum and Immigration Act 1996

I confirm I am entitled to work in the UK and do not require a Work Permit.  Yes  No

I hereby give permission for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to contact the Home Office/Border and Immigration Service in order to establish my immigration status and eligibility to take voluntary work.

**Signed** \_\_\_\_\_

**Dated** [Click here to enter a date.](#)

### Reference Details

Please give the names and addresses of two independent referees who have known you for at least 3-years. It would be ideal if one referee was a previous employer or other person known in a professional capacity.

**First referee Please select****Second referee Please select Mr**

Name: _____	Title _____
Title _____	Title _____
Address: _____	Address: _____
Email: _____	Email: _____
Capacity known: _____	Capacity known: _____
Tel No: _____	Tel No: _____

**If you have a CV/Personal Profile please enclose a copy with your application.**

**Rehabilitation of Offenders Act 1974**

Macmillan Caring Locally is a registered Charity exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. You are required to declare any convictions you may have had including convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be completely confidential and will not necessarily disqualify your application for becoming a volunteer.

**Have you had any convictions?**

Yes  No

**If Yes, please supply details in a sealed envelope marked "Private and Confidential"**

**Information Governance (Data Protection Act and New European Data Protection Directive 1998)**

During the course of your Volunteer work you may have access to, gain knowledge of, or be entrusted with medical and/or personal information concerning individual members of staff/patients while working within the Macmillan Unit or on behalf of Macmillan Caring Locally. This information may contain matters of a highly sensitive and/or personal nature.

I hereby undertake not to divulge to any person, any information I may obtain about the social, personal or medical condition of any member of staff/patient. Any failure to observe confidentiality may result in legal action being taken against me.

This undertaking binds me during my volunteer service and also when I terminate that service with the Trust.

**Signed** \_\_\_\_\_ **Date:** [Click here to enter a date.](#)

This is an agreement to do Voluntary work within the NHS Trust for Macmillan Caring Locally and I understand this is not contractual.

**Signed** \_\_\_\_\_ **Date** [Click here to enter a date.](#)

If under 18 years of age **parent to countersign** **Date:** [Click here to enter a date.](#)

## Macmillan Caring Locally Equal Opportunities Monitoring Form

Macmillan Caring Locally is committed to providing equal opportunities for people who volunteer at Christchurch Hospital or in the community. In order to maintain and evaluate our success in achieving this, we would very much appreciate you completing and returning this form with your volunteer information form.

The information you provide is for monitoring purposes only and will be kept confidential.

<b>Date of Birth</b>	
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

### Equality Act 2010

I would describe my ethnic origin as:-

Asian or Asian British	Black or Black British	Mixed	White
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian background	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> White & Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background
Other Ethnic Group			
<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this			

### Equality Act 2010

Please select the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

Please indicate your religion or belief			
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other	<input type="checkbox"/> I do not wish to disclose this

## For completion by applicants wishing to become Volunteer Drivers

Make/Model of Car \_\_\_\_\_ Reg. No. \_\_\_\_\_ No. of Doors. \_\_\_\_\_

All vehicles must be in a roadworthy condition with valid documentation. Please confirm you have the following documentation: Copies will be requested in due course.

Valid Driving Licence Yes  No   
 Road Fund Licence Yes  No  Exempt   
 MoT Certificate Yes  No  Car is under 5 years   
 Comprehensive Insurance Cover Yes  3rd party only   
 Do you have endorsements on your licence? Yes  No   
 Have you ever been disqualified? Yes  No  (If Yes please provide details)

### INSURANCE

Your insurance policy must be endorsed to carry passengers on behalf of the Macmillan Unit. A copy of the endorsement will be required annually and kept on file in the volunteer office. Insurance Companies do not usually charge an additional premium for this cover.

### AGE

We welcome volunteer drivers between 25 to 75 years. (Restricted by our insurance/Driver policy).

### HEALTH

Fitness to drive is subject to a confidential review by the Occupational Health Department

### AVAILABILITY

Patients are brought to the Day Centre for 9.45 am and taken home at 3.30pm. Occasionally patients on the Ward will need transport during the day plus other delivery/collection tasks.

What time are you generally available to help with transport?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be available on a regular basis? Yes  No  If no what can you offer?

Subject to your availability, could we call on you on short notice? Yes  No

Our catchment area is Bournemouth, East Dorset, Ringwood and Burley to Barton on Sea.

Are you willing to cover this area? Yes  No  I prefer to limit myself to \_\_\_\_\_ area

A mileage allowance is paid at current HMRC rates on completion of a monthly claims form.

**I declare that I have read the above notes and the information provided on this form is true and complete to the best of my knowledge and belief.**

**Signed**

Print Name

Date \_\_\_\_\_