

Harrogate Hospital Radio Volunteer Application Form

If you require assistance in completing this form or require a different format please contact the HHCC and Volunteer Team on 01423 55 7408 or hdft.volunteering@nhs.net.

Please note, to be a HHR Volunteer you must be over 18 years old

Section 1 – Your Details

Title	Forename	Middle name	Surname
Preferred Name	Date of Birth		
Gender	Ethnicity		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> I do not wish to disclose my gender	<input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese or other ethnic group - Chinese <input type="checkbox"/> Chinese or other ethnic group - Other <input type="checkbox"/> Rather not say		
Religion	House name/No		
Street Name	Town		
County	Postcode		
Telephone	Mobile Number		Email
Next of Kin	Relationship		
Address	Contact Number		

OFFICE USE ONLY			
Folder created:	Y / N	Date:	
Reference Requested:	Y / N	Date Ref 1:	Date Ref 2:
DBS Documentation Requested:	Y / N	Date:	
References Received:	Y / N	Date Ref 1:	Date Ref 2:
DBS Applied for:	Y / N	Date applied for DBS:	DBS Received:
Invited to Induction:	Y / N	Date booked on Induction:	

Section 2 – Additional Information

Driving Status	
Are you happy to use your own vehicle?	
Employment Status	

Section 3 – Role

Role within HHR: (Please tick whichever applies)	Presenter	Request Collector	Tech. Op.	Admin	Supporter

Section 4 – Experience

Have you had any previous experience with Hospital Radio? If so, please give details of station and position held, including approximate dates if possible.	
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Section 5 – HHR Volunteering

How many hours per week do you estimate you can give to volunteering with us?	
What sort of music do you like? (eg Genres, Artists, Groups)	

Section 6 – References

Reference 1	
Name	
Address	
Contact Number	
Email Address	
Relationship to referee:	
How long have you known this person?	

Reference 2	
Name	
Address	
Contact Number	
Email Address	
Relationship to referee:	
How long have you known this person?	

Section 7 – Further Important Information - please complete all sections

Disability information

Do you consider yourself to be disabled? Please delete as appropriate:

Yes

No

If you have answered 'Yes', what support or reasonable adjustments do you think you will need to be made for you to take up a volunteering post within this Trust?

Personal Health Information

Is there anything relating to your health or personal circumstances which you would like us to take into account? Please also detail below any relevant health information.

Nationality and immigration status

Are you a United Kingdom (UK) or European Community (EC) or European Area (EEA) National?
Please delete as appropriate:

Yes

No

Non-EU nationals

If you have answered 'No', not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions. Please confirm that the visa allows volunteering (if in any doubt you should check with the UK Border Agency)

Rehabilitation of Offenders Act

Because of the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies:

Have you ever been convicted of an offence, or received a Caution, Reprimand or Warning? Please delete as appropriate:

Yes

No

If yes please provide details of the Conviction, Caution, Reprimand or Warning – these will be treated in the strictest of confidence.

All Volunteers will be required to complete a Disclosure Application for the Criminal Records Bureau.

You may also be required to complete the Trust's Health questionnaire which may or may not result in you being asked to see the occupational health doctor as well as complying with all the NHS Employment Check standards.

Signature _____

Date _____

Section 8 – Notes

- As a member, you are required to commit to helping with at least two fund-raising activities per year
- You will be subject to a three-month trial period
- Members aged 16-18 are not permitted to broadcast on their own
- A membership fee is applicable to join Harrogate Hospital Radio (to be advised once application is being processed)

Please return this form to:

Jonathan Tullett
Volunteer Coordinator Harrogate Hospital Radio

Please send completed form via email to:
volunteer@harrogatehospitalradio.org.uk