|  |  |
| --- | --- |
| Health+ Volunteer Application Form  Thank you for your interest in volunteering with Reaching People. Please complete this application form and return it to [healthplus@reachingpeople.co.uk](mailto:healthplus@reachingpeople.co.uk) | |
| **Title:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Mobile Number:** |  |
| **Home Telephone Number:** |  |
| **Emergency Telephone Number:** |  |
| **Emergency Contact Name:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Your occupation:** |  |
| **Ethnicity:** |  |
| **Languages spoken:** |  |
| **Do you have any health needs that we should be aware of so that we can best support your volunteering with us?** | |
| **How did you find out about the project?** | |
| **Up until what date are you available to support this project?** | |
| **For the digital companion role please name some local GP surgeries and give an idea of the amount of time you would be prepared to travel to support patients:** | |
| |  |  |  | | --- | --- | --- | | **What times are you available to volunteer?** | **Morning** | **Afternoon** | | **Monday** |  |  | | **Tuesday** |  |  | | **Wednesday** |  |  | | **Thursday** |  |  | | **Friday** |  |  | | |

|  |
| --- |
| **Please tell us about what you’d like to gain from volunteering and what motivates you to volunteer with the Health+ Project?** |
| **Please can you tell us about the digital skills that you can bring to this role?** |
| **Please can you tell us about any experience you have had working with older people or in health and/or what interests you about working in this area?** |
| **Please can you tell us about any other work, volunteering, personal experience or skills that you have that may be relevant to your volunteering with us?** |
| **We use the RP Health+ Volunteers WhatsApp group to discuss any issues and challenges we come across whilst using GP online services and volunteers use the Group to support one another. Do we have your permission to add your mobile number to the RP Health+ Volunteers Group?**  **Yes/No (Please delete as appropriate)** |
| **Do you have an enhanced DBS? Does it have more than 6 months remaining until it expires? if yes, please provide details below and attach an image of your DBS to your application:**  **DBS certificate number:**  **Name of organisation that requested it:**  **If you are a UK national please confirm that you have the required documents for Route 1 see Group 1, 2a and 2b** [**UK Government's list**](https://www.gov.uk/government/publications/dbs-identity-checking-guidelines/id-checking-guidelines-for-standardenhanced-dbs-check-applications-from-1-july-2021)  **We will need to see these as part of your application:**  **One document from Group 1.**  **two further documents from either Group 1, or Group 2a, or 2b.**  **At least one of the documents must show your current address.**  **I have the required documentation: Yes/No (Please delete as appropriate)**  **If you are not a UK National, then please indicate this here and we will guide you on how you proceed:**  **I am a UK National: Yes/No (Please delete as appropriate)** |

|  |  |
| --- | --- |
| **Referees - please give the name and contact details for 2 people who can comment on your suitability to volunteer with us. They should not be family members.** | |
| **Name:** | |
| **Position held by Referee, or**  **how they know you:** | |
| **Address:** | |
| **Email:** | **Name:** |
| **Tel:** | **Position held by Referee, or how they know you:** |

Volunteer Consent Form

We would like to keep your details on record so we can contact you and keep you up to date about Reaching People’s services, news, and ways you could support us.

**I would like to receive information about Reaching People, its services and ways I can support it by (Please tick):**

Post

Email

Phone

**Sharing your information**

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

We are sometimes required to share information about you with organisations that help your volunteer recruitment and support. These might be other third sector organisations, local authorities or health professionals.

We always ensure that only necessary information is shared, and it is shared securely.

This consent sheet lets us know that you are happy for us to share relevant information from you with appropriate organisations.

**Sharing your information:**

**I understand that relevant information, collected for volunteering may be shared with external organisations only if necessary for that voluntary role or to aid support and development.**

**Please tick :**

**How we use your information**

The information provided on this form will be used to:

 Inform you about the services you have requested

 Communicate with you and manage our relationship with you

 Provide you with information you have requested

 Provide you with an opportunity to have your opinions heard

**Updating your preferences and unsubscribing**

You are in control of how we contact you. If you would like to withdraw your consent for all or any part of the above please email: [healthplus@reachingpeople.co.uk](mailto:healthplus@reachingpeople.co.uk)

For more information, read our Privacy Policy online at <https://www.reachingpeople.co.uk/privacy-policy/>

Signature:………………………………………………….

Date:…………………………………………………………………

If you are signing on behalf of someone else, please tell us the following details:

Your name:..…………………………………………………………………………

Relationship to the above:.…………………………………………………….............

Please return this form by email to: [healthplus@reachingpeople.co.uk](mailto:healthplus@reachingpeople.co.uk)

**Reaching People: Company Registration Number: 3576786. Registered Charity Number: 1072595**