

<b>What role are you applying for?</b>		Podiatry Care Volunteer					
Where did you hear about this role?		If you selected Other, please specify:					
<b>Personal Details</b>							
First Name:		Surname:					
Date of birth		Address:					
Gender							
Email Address: To save costs this is our preferred method of contacting you							
Contact Number(s):		Post Code:					
<b>Emergency Contact Details</b>							
Name:			Relationship to you:			Contact Number:	
<b>Availability – Please tick all that apply</b>							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening up to 8pm							
Do you want a regular commitment or more flexibility? Regular Commitment      Flexibility							
How long can you volunteer for?							
<i>This information doesn't affect the outcome of your application, however it helps us identify future recruitment needs.</i>							
<b>References - Please give the details of two referees who must not be relatives, who can comment on your suitability to volunteer: e.g. previous employer/doctor/teacher/professional person.</b>							
1 <sup>st</sup> Referee				2 <sup>nd</sup> Referee			
Name:				Name:			
Tel:				Tel:			
Email:				Email:			
<b>Health/Disability</b>							
Do you have any health issues, disabilities or additional support needs we should be aware of that would affect your ability to volunteer? <b>YES</b> <b>NO</b>							
Answering yes means you will be asked for further information when we see you for your informal chat.							
<b>Criminal Record Checks</b>							
Due to the nature of our organisation almost all potential volunteers will be required to have a Disclosure and Barring Service check which we will undertake on your behalf. You will be asked about any convictions/cautions during your informal chat. Previous criminal convictions/cautions will not necessarily prevent full consideration of your application.							

## Data Protection – sharing and protecting your information

By submitting this application you are agreeing to us using your personal information as described in our [Privacy Policy](#)

## Right To Work In The UK (Only to be completed by non UK citizens)

If you are in the UK on a visa does it give you the right to work in the UK? **YES** **NO**

What category of visa do you hold?

You are responsible for ensuring you are allowed to volunteer, failure to do so could jeopardise your immigration status. If in doubt [contact the UK Border Agency](#) for advice.

## More About You – Please tell us why you want to volunteer and what relevant skills and experience you could bring to the role you are applying for.

## Permission To Volunteer (Only to be completed for those aged under 18)

If you are aged under 18 please ask a parent or legal guardian to sign below, by doing so they are confirming they give permission for you to volunteer with us.

Full Name:

Signed:

Date:

## Declaration

If successful I agree to:

- Abide by all policies and procedures of St Oswald's Hospice
- Adhere to St Oswald's [Values & Standards of Behaviour](#)
- Maintain confidentiality of all of the information I may have access to as a result of my volunteering

**I declare, to the best of my knowledge, the information I have provided is true and accurate**

Full Name:

Date:

## Returning Your Application

Please return your completed application form by email or post to:



[volunteer@stoswaldsuk.org](mailto:volunteer@stoswaldsuk.org)



**Volunteering Dept, Regent Ave, Gosforth, Newcastle, NE3 1EE.**

Thank you for taking the time to complete this form, we are always grateful to hear from potential volunteers.

We will contact you within 2 weeks of receipt of this form to arrange an informal chat.

We look forward to meeting you shortly.