



# APPLICATION FORM

## ST MICHAEL'S HOSPICE (NORTH HAMPSHIRE)

### WORK EXPERIENCE/STUDENT PLACEMENT

FULL NAME:

DATE OF BIRTH:

ADDRESS:  
  
POSTCODE:

TEL NO:HOME:

MOBILE:

E. MAIL:

EMERGENCY CONTACT

NAME:

TEL NO:

HOBBIES/INTERESTS:

SPECIAL SKILLS: (e.g. Computer, languages, Cooking, Music, Art etc.)

ARE YOU CURRENTLY INVOLVED IN OR HAVE YOU HAD ANY PREVIOUS EXPERIENCE OF VOLUNTARY WORK? YES/NO

IF YES, PLEASE GIVE DETAILS:

ARE YOU AT SCHOOL/COLLEGE LOOKING FOR A WORK EXPERIENCE PLACEMENT FOR ONE OR TWO WEEKS? YES/NO

ARE YOU A STUDENT LOOKING TO VOLUNTEER LONGER TERM? YES/NO

DATES OF PLACEMENT REQUESTED?

SCHOOL/COLLEGE/UNIVERSITY:

ARE YOU IN GOOD HEALTH? YES/NO  
(Please give details of any physical disability or current illness which may affect what you are able to do)

ARE YOU TAKING REGULAR MEDICATION OR HAVE ANY ALLERGIES?

HAVE YOU SUFFERED ANY BEREAVEMENT WITHIN THE LAST 2 YEARS? YES/NO

IF YES PLEASE GIVE DETAILS:

**DO YOU WANT TO COME TO THE HOSPICE OR ONE OF OUR CHARITY SHOPS FOR YOUR PLACEMENT/VOLUNTEERING?**

**WHAT DO YOU HOPE TO GAIN FROM YOUR PLACEMENT/VOLUNTEERING –DO YOU HAVE ANY OBJECTIVES TO MEET? (Please explain/list)**

**REFEREES: Please give details of two referees whom we have permission to contact. Ideally one of these should be a tutor who has known you for at least 2 years; or someone from a professional background (not family)**

*PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS*

**NAME:**

**NAME:**

**ADDRESS:**

**ADDRESS:**

**POSTCODE:**

**POSTCODE:**

**TEL NO:**

**TEL NO:**

Because of the nature of our work, we are exempt from the 1974 Rehabilitation of Offenders Act, and you are therefore required to declare if you have any criminal convictions whether or not they are 'spent'. Your declaration will be treated in strict confidence and will be considered only in relation to this application.

Do you have any criminal convictions?

**YES/NO**

If yes, please state details on a separate sheet and enclose with the Application Form.

Some Hospice volunteer roles require you to undertake a criminal record check via the Disclosure and Barring Service.

**Signed:**

**Date:**

*Please complete and return to :-*

**Voluntary Services Coordinator**

*St. Michael's Hospice, Basil de Ferranti House,  
Aldermaston Road,  
Basingstoke, Hampshire  
RG24 9NB.*