



## Volunteer Registration Form

*To be used by all people wishing to volunteer in NHS Lanarkshire*

### PERSONAL DETAILS

Title:

Name:

Tel: (Home)

Address:

Tel: (Mobile)

E-mail

Postcode:

*Preferred contact method*

What Interests do you have?

What do you feel you are good at?

Do you have any previous experience of working or volunteering in the health service?

Yes/No if yes please let us know

Do you have any qualifications or experience you want to tell us about?

How did you hear about this service?

Where would you like to volunteer?

When are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have a driving license?	Yes/No
Do you have access to a car?	Yes/No

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975:**

Because of the nature of the voluntary activity for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore NOT ENTITLED to withhold any information about convictions, which would otherwise be considered as spent. Failure to disclose such convictions could result in dismissal.

Do you have any criminal convictions? If yes, please state

**References (Please avoid using members of your family)**

Please give the names of 2 references

1. Name:

Address:

Email:

Telephone:

2. Name:

Address

Email:

Telephone:

NHS Lanarkshire keeps all volunteer details on a computer database. Please tick the box if you do not consent to this.

**Please return to Volunteers Recruitment, Recruitment Services, NHS Lanarkshire, Law House, Airdrie Road, Carluke, ML8 5ER**

## **Equal Opportunities Monitoring**

**NHS Lanarkshire is committed to providing Equal Opportunities in its employment practices. It is our policy to ensure that no applicant receives less favourable treatment on the grounds of sex, marital status, race, disability, age, responsibility for dependants, sexuality, creed, political party or trade union membership, HIV/AIDS status.**

To help us achieve this, Section D must be completed by you and returned with your application form. No application will be processed without Section D. Please use the "Prefer not to Answer" option where appropriate.

Information provided will be treated with the utmost confidence and will **ONLY** be used to advise NHS Lanarkshire and NHS in Scotland as a whole of improvement in performance. This information will be separated on receipt of your application form and will be used by the HR Recruitment for equal opportunity monitoring purposes only.

**Under no circumstances will this information be made available to Managers or panel members involved in the recruitment process.**

<b>Preferred Volunteering Site</b>			
<b>Equal Opportunities Monitoring</b>			
<p>We want to ensure that our volunteer opportunities are open to all. The only way we can ensure there is equal opportunity is to monitor applications we receive and compare the profile of people who apply with those appointed. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age. <b>The information you provide in this part of the form (Part D) is confidential and is not used in the selection process. It will be separated from the rest of the form when we receive it.</b></p>			
<b>1) You are:</b>			
Female <input type="checkbox"/> Male <input type="checkbox"/>			
<b>2) Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender)?</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>			
<b>3) What is your age?</b>			
I am _____ years old, and my date of birth is:			
<b>4) Do you have a physical or mental health condition or disability that:</b>			
<ul style="list-style-type: none"> <li>▪ has a substantial effect on your ability to carry out day to day activities?</li> <li>▪ has lasted or is expected to last 12 months or more?</li> </ul>			
Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>			
<ul style="list-style-type: none"> <li>▪ If you answered <b>'yes'</b> please tick if it is either of the following:</li> </ul>			
Learning Disability	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>
Long standing illness	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>		
Other (please describe):			
<ul style="list-style-type: none"> <li>▪ Again, if <b>yes</b>, please describe any particular arrangements you would need for your work location:</li> </ul>			

<b>Preferred Volunteering Site</b>		
<b>Candidate ID No:</b>		

**5) What is your ethnic group?**

Choose **one** section from A to F, then **tick** the appropriate box to indicate your cultural background

- A: White**       Scottish       Irish       Other British
- Any other White background
- B: Mixed**       Any mixed background
- C: Asian; Asian Scottish; Asian British**
- Pakistani       Indian       Chinese
- Bangladeshi       Any other Asian background
- D: Black; Black Scottish; Black British**
- Caribbean       African
- Any other Black background
- E: Other ethnic background**
- Any other background
- F: Prefer not to answer**

**6) To which religion, religious denomination or body do you actively belong?**

- |  |   |
|--|---|
| <input type="checkbox"/> (Christianity) - Church of Scotland | <input type="checkbox"/> Hinduism           |
| <input type="checkbox"/> (Christianity) - Roman Catholic     | <input type="checkbox"/> Sikhism            |
| <input type="checkbox"/> Christianity (other)                | <input type="checkbox"/> Judaism            |
| <input type="checkbox"/> Other faith / belief                | <input type="checkbox"/> Islam              |
| <input type="checkbox"/> Buddhism                            | <input type="checkbox"/> No religion (none) |
| <input type="checkbox"/> Prefer not to answer                |   |

**7) Which of the following best describes your sexual orientation?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> Gay Man              |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian/Gay Woman    |
| <input type="checkbox"/> Other        | <input type="checkbox"/> Prefer not to answer |

**8) Which of the following best describes your current situation**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Employed   | <input type="checkbox"/> College/Univ Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> School Pupil         |
| <input type="checkbox"/> Retired    | <input type="checkbox"/> Carer                |
| <input type="checkbox"/> Other      | <input type="checkbox"/> Prefer not to answer |