**Healthwatch Tameside Volunteer Expression of Interest Form**

Thank you for your interest in becoming a Healthwatch Tameside volunteer. Please complete all the the information contained in this form. If you need assistance with any part of this form please do not hesitate to talk to us about this.

All details given will be held on our computer and will be treated as confidential under the Data Protection Act 1998 and the new data protection legislation introduced under the General Data Protection Regulation (GDPR) 2018 and Data Protection Bill. No information will be released without your agreement. Our privacy policy can ve viewed on the Healthwatch Tameside website, or please ask for a copy.

1. **Personal Details**

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Address**  |  |
|  |
| **Postcode**  |  |  |
| **Landline** |  | **Mobile**  |  |
| **Email**  |  |

1. **Emergency Contact Details**

Please provide us with the details of someone we can contact in an energency should you be taken ill whilst you are volunteering for us. Please ensure you have their permission .

|  |  |
| --- | --- |
| **Full Name** |  |
| **Landline** |  | **Mobile**  |  |
| **Work Number**  |  |
| **Relationship to you**  |  |

1. **Availability**

**When would you be available? (Please provide as appropriate)**

|  |
| --- |
|  |

1. **Why do you want to become a Healthwatch Volunteer?**

**(please tick as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **There was a need in the community**  |  | **I had time to spare**  |  |
| **I wanted to improve things/help people** |  | **It offered me flexibility**  |  |
| **For my own personal development**  |  | **I liked the organisation and their work** |  |
| **I wanted a chance to learn new skills**  |  | **I wanted a chance to learn new skills**  |  |
| **Other reason (please state)** |

1. **What skills and experience do you think you bring to this role?**

|  |
| --- |
| **Consider your employment history, interests, hobbies, volunteering and life experiences [max. 750 words]. Use additional sheet if necessary.**  |

1. **Reference**

**Please provide details of someone who has known you for at least two years**

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Address**  |  |
|  |
| **Postcode**  |  |  |
| **Landline** |  | **Mobile**  |  |
| **Email**  |  |
| **Relationship to you**  |  |

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Address**  |  |
|  |
| **Postcode**  |  |  |
| **Landline** |  | **Mobile**  |  |
| **Email**  |  |
| **Relationship to you**  |  |

1. **Declaration**

**I agree that the information I have given is a true and accurate record.**

**Signed: Date:**

Return the form to:

Post:

Healthwatch Tameside

131 Katherine Street

Ashton-under-Lyne

OL6 7AW

or

Email: info@healthwatchtameside.co.uk