

VOLUNTEER EXPRESSION OF INTEREST FORM

We ask all people interested in volunteering with us to complete this form. The form requests your contact details and a little background information on what you'd like to get out of volunteering with Healthwatch Tameside.

If you're under 18 we'll ask you to get permission from your parents or carer.

Your Personal Details

First Name:		
Surname:		
Home Address	House number and Street:	
	Town:	
	Post Code:	
Mobile Telephone Number:		
E-mail address:		
Date of birth:		
Your preferred pronoun (e.g. she)		

How did you find out about the volunteering opportunities with our team?

Which volunteer role are you interested in?

Please give us details about which role you are interested in doing – you can choose more than one.

Community Engagement and Outreach Volunteer	You will play an important role in speaking to people in the community about their views on local health and care services. You will speak to people in community spaces including hospitals, libraries, shopping centres, stalls, and community events.	Yes / No
Enter and View (Authorised Representative) Volunteer For over 18s only	Being an Enter and View (Authorised Representative) Volunteer involves supporting the Healthwatch staff team on visits to health and social care services across Tameside, to gather feedback and assist in the assessment of how well the service is working. Training and support will be given.	Yes / No
Advisory Board Member Volunteer For over 18s only	You will play a role in setting the strategic direction of Healthwatch Tameside, ensuring our vision, aims, and values are upheld. The Healthwatch Tameside advisory board meets once every two months, we ask that board members attend a minimum of two meetings per year.	Yes / No

Why are you interested in this role?

Why I'd like to volunteer with Healthwatch Tameside: <i>(please tick as appropriate)</i>			
There is a need in the community		I have time to spare	
I want to improve things/help people		It offers me flexibility	
For my own personal development		I like the organisation and their work	
I want a chance to learn new skills			
Other reason (please state)			

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

Consider your employment history, interests, hobbies, volunteering and life experiences (use additional sheets if necessary).

Your Availability

When would you be available? (Please tick as appropriate)

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Are there any specific times during the year when you will either not be available, or your availability will change?

References

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

Full Name			
Address			
Postcode			
Landline		Mobile	
Email			
Relationship to you			

Please describe your current situation. Please tick those that apply to you

Student ☐ Unemployed ☐ Employed - Part Time ☐ Employed - Full time ☐

Retired ☐ Other ☐ (If ticked 'Other') Please state

Emergency contact details

Please provide us with the details of someone we can contact in an emergency 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			

Declarations

Declarations of interest

Are there any potential conflicts of interests that might arise when volunteering with Healthwatch Tameside? <i>(e.g. any work-related activities in health and social care, you or someone close to you may be involved in?).</i>	Yes / No
If yes, please give details:	

Permission of Parent or Carer, if individual is under 18 years old

Name of Parent or Carer:

Signature of Parent or Carer:

Access / other requirements

☐

Wheelchair user

☐

Hearing loop

☐

Large print

☐

Interpreter

Please let us know of any reasonable adjustments we could make to enable you to volunteer with us

PLEASE ENSURE THIS PART IS FILLED IN AS REQUIRED (please tick or write 'yes')

I confirm that the information given in this form is correct to the best of my knowledge and I understand that any false statements or missing information would mean my application being withdrawn or my voluntary position with Healthwatch Tameside being terminated.

I understand that all my details from the application will be stored in line with the Data Protection Act (2018).

I understand that any appointment will depend on satisfactory references.

I understand that Healthwatch Tameside is committed to safeguarding children and vulnerable adults and has the right to ask a for Disclosure and Barring Service (DBS) check.

I confirm that I am not barred or in the process of being barred from working with children or vulnerable adults and I agree to have a DBS check. **ESSENTIAL TO THIS ROLE.**

I give permission for any of my confidential details to be shared with other members of staff at Healthwatch Tameside.	
I will inform Healthwatch Tameside of any changes that may affect my volunteering, such as changes to health, awaiting prosecutions, or convictions which may happen whilst I am registered for voluntary work.	

Signed:	
Date:	
I would like to receive the Healthwatch Tameside Newsletter, E-bulletin and updates using the contact details I have provided in this application: Yes / No	

Thank you for completing this application form.
Please return via email to info@healthwatchtameside.co.uk or
by post via **FREEPOSTHEALTHWATCHTAMESIDE**

If you require support completing this form, contact the Healthwatch Tameside team
via email info@healthwatchtameside.co.uk or by telephone 0161 667 2526