Healthwatch Newham Volunteer Application Form

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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** | | | |
| **Mobile** |  | **Home Tel** |  |
| **Email** | | | |

**Which Volunteer Role(s) are you interested in? (Tick all that apply)**

This is just an indication and you’ll be able to change your mind later. More information about our volunteer roles can be found on our website at [healthwatchnewham.co.uk](http://www.healthwatchnewham.co.uk).

Enter and View Representative  Interested in more than one role

Community Listener

Young Healthwatch Champion (eligible to 16 – 24 years old)

**About You**

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| 1. Why do you want to volunteer for Healthwatch Newham? |
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| 1. If you have applied for a specific role, what interested you about the role? |
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**Reference**

Please provide us with the name and address of a reference to support your application. Your referee should be someone other than a family member.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* |  | *Position* |  | |
| *Relationship to you* |  | *Telephone Number* |  | |
| *Address* |  | *Email* |  | |
| *If your application is successful, are we able to contact your reference prior to the interview?* | | | | ☐ Yes ☐ No |

**Emergency Contacts**

Please provide us two people who we can contact in case of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* |  | *Position* |  |
| *Relationship to you* |  | *Telephone Number* |  |
| *Address* |  | *Email* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* |  | *Position* |  |
| *Relationship to you* |  | *Telephone Number* |  |
| *Address* |  | *Email* |  |

**Availability**

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| --- |
| How much time could you offer as a volunteer for Healthwatch Newham?  ☐ As and when required ☐ Fortnightly ☐ Weekly |
| Please state the number of hours/days you are willing to volunteer: |

**Additional Information**

|  |  |
| --- | --- |
| What languages do you speak fluently? | |
| Do you need any reasonable adjustments to be made for your interview and training? If so, please specify. | |
| Is there any other information or additional support needs you would like us to be aware of? | ☐ Yes ☐ No |
| If yes, please provide details: | |
| Where did you hear about this opportunity? | |

**DBS Checks**

Please note that some of our roles will require a Disclosing and Baring Service (DBS) check, which will be done free of charge. However, having a spent or unspent criminal conviction does not necessarily bar an individual from volunteering with us. Please contact us for further information.

**Data Protection**

Healthwatch Newham will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the General Data Protection Regulation. For more details, see our Privacy Policy at [www.healthwatchnewham.co.uk/privacy-policy](http://www.healthwatchnewham.co.uk/privacy-policy)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Please email your completed application to [info@healthwatchnewham.co.uk](mailto:info@healthwatchnewham.co.uk).