

# West Suffolk Hospital Voluntary Services Student Volunteer Application (2024)



## Strictly Confidential

If you require help to fill in this form please contact  
Tel: 01284 713169/ email: voluntary.services@wsh.nhs.uk

**West Suffolk**  
NHS Foundation Trust

### Your Details

Title .....

Forenames .....

Surname .....

Address .....

.....

.....

.....

Postcode .....

How many years at this address .....

*(If under 5 years please state previous address)*

.....

.....

Telephone Number .....

Mobile Number .....

Email .....

.....

Date of birth .....

Emergency contact *(Name and Telephone No)* .....

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.....

Tutor's email .....

Car registration no .....

*(Please supply only if parking your car onsite)*

Do you have any previous experience of volunteering, or are you currently a volunteer?  
*(Please give details)*

.....

.....

### References

**Please supply details of 2 referees -**  
(1 professional /1 personal) (These can be your current employer, tutor, community leader, support worker and someone who has known you for more than **2 years**. You may not use family members as referees.)

#### Referee One

Name .....

email .....

Address .....

.....

.....

Relationship to you .....

How long have you known this person?.....

#### Referee Two

Name .....

email .....

Address .....

.....

.....

Relationship to you .....

How long have you known this person?.....

### Your Volunteering

Please indicate which volunteer role you are interested in -

- Adult Wards
- Friends of WSH Shop

When are you able to volunteer?  
*(Please tick all the days and times that apply)*

Day	Breakfast 8am-10am	Lunch 11am-1pm	Evenings 5pm-7pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			X
Sunday			x

## Your employment/educational details

(please tick all applicable)

employed full-time / part-time / self employed  
(please give your present employment)

unemployed  
 student / training  
(please give course and college)

other.....

## Nationality and immigration status

Are you a United Kingdom (UK) or European Community (EC) or European Economic Area (EES) National.

Yes No

Non-EU  nationals

Not all visas allow you to volunteer. Please supply details of any visa currently held, including number, start/expiry date and details of any restrictions.

Please confirm that the visa allows you to volunteer. (If in doubt you should check with the UK Border Agency)

## Why are you registering your interest in the Student Volunteer Programme?

(Please tick or circle all those which apply to you)

- to give something back after you or family have benefitted from NHS services
- to support a particular cause, eg dementia
- to explore a career in healthcare
- to fill spare time
- to gain some work experience
- to meet new people and make new friends
- to develop or maintain your skills and experience
- for spiritual fulfilment
- other (please state)

**Please include a statement on a separate sheet (not less than 200 words) to support your application for a volunteer placement.**

## Under 18 years

**Please ask your parent/guardian and year Head Tutor to complete this section.**

We understand and support the Trust's expectation that the applicant will attend their voluntary placement regularly for a minimum of 2 hours weekly for at least 6 months. We will also ensure that any uniform and identification badge issued, being the property of West Suffolk Hospital, will be returned to Voluntary Services immediately on completion of any voluntary placement offered.

Signature .....Parent /Guardian

Signature .....Year Head Tutor

**NB: Individual Risk Assessments are undertaken for volunteers under 18 years.**

## Health information

All volunteers are asked to complete the Trust's Health Questionnaire which may or may not result in being asked to see the Occupational Health doctor.

## Disability information

Do you consider yourself to have a disability?

If yes, what support or adjustments do you think you will need to take up a volunteering role at this Trust?

## Important information

Because of the nature of voluntary help given in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies.

You must disclose to the West Suffolk NHS Foundation Trust information relating to any police record you may have, however long ago the reprimand, caution, conviction or prosecution occurred. Details will be required and treated in the strictest confidence.

Have you a police record? YES NO  
(please delete as applicable)

If YES, please give brief details .....

For some volunteer roles you will be required to complete a Disclosure and Barring Service check.

In compliance with the Data Protection Act 1998, I agree to my details being held on a Voluntary Services database.

I declare that the information given on this form is correct.

Signature .....

Date.....