

VOLUNTARY SERVICES

Title: Voluntary helper
Responsible to: Voluntary Services – Human Resources Department
Reporting to: Sister/Charge Nurse or Head of Department

OUTLINE DESCRIPTION

GUIDANCE NOTES ON THE TYPES ACTIVITIES UNDERTAKEN BY VOLUNTARY HELPERS IN WARDS AND DEPARTMENTS WITHIN THE HOSPITAL

WITH THE PATIENT

- To be a friend to the patient
- To talk to the patient
- To provide a listening ear
- To read and write letters for the patient if and when required
- To assist in alleviating boredom for the patient by possibly playing games, or perhaps organising small group activities for the patients under supervision.
- To accompany patients to hospital amenities, eg. Hospital chapel, shops, grounds etc.
- With children – to assist staff with organised and/or educational play routines or school tasks as appropriate.

WITH THE STAFF

- To distribute patients' mail within ward areas as requested.
- To assist in the distribution of patients' meals and drinks and completion of menu cards under direct supervision.
- To assist the patients to pack belongings on transfer or discharge, where necessary (under supervision in relation to valuables).
- To assist generally in ward routines.

WITHIN THE ENVIRONMENT

- To arrange plants and flowers on their arrival in wards (where appropriate), with on-going care provided by the WRVS
- To help keep locker tops tidy and distribute fruit dishes as necessary.
- To assist in the use of telephone trolleys, TV, radio and hearing aids, etc. as required.

Voluntary Services
 1st Floor, Postgraduate Centre
 Longfleet Road, Poole, BH15 2JB
 Telephone: 01202 448610

APPLICATION FORM FOR VOLUNTARY HELPERS

Mr/Mrs/Miss/Ms	SURNAME
FIRST NAMES	
ADDRESS	
TOWN	POSTCODE
TELEPHONE NUMBER: (Home) _____ (Work) _____	
MOBILE: _____ E-MAIL ADDRESS: _____	
DATE OF BIRTH (Age range from 16 years)	
<p>If you are under 18 years of age at the time you wish to commence as a volunteer, please ask your parent or legal guardian to sign the section below.</p> <p>I declare that I am the parent or legal guardian of the named applicant and that the information they have given is honest and accurate.</p> <p>Signed Date</p> <p>Name in Full Parent/Guardian (please circle)</p>	
Contact name and contact number in case of emergency	
<p>Have you had any previous experience in any work Connected with Hospitals, Nursing or Volunteering of any kind? If so, please give details.</p>	
<p>General "across the board" experience and qualifications. (Brief details)</p>	
<p>Present employment/Place of study (if Unemployed, name of last Employer, date & reason for leaving)</p>	
<p>Nature of employment/Stage of study</p>	
<p>Hobbies and interests</p>	

Is there any particular work you would LIKE to do?
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Is there any work that you would NOT LIKE to do?
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How many hours, or whole days per week are you prepared to give to Voluntary Services at the Hospital REGULARLY? You will not receive any payment in respect of this work but travel expenses will be refunded for sessions of 3 hours and above.

MORNING	DAYS OF WEEK
AFTERNOON	DAYS OF WEEK
EVENING	DAYS OF WEEK

When are you available to start?

CONFIDENTIALITY

During the course of my work as a Volunteer, I may acquire personal knowledge about a patient. I fully understand that all such information must be treated with absolute confidentiality and that I must not discuss this with any persons other than relevant staff.

HEALTH & SAFETY

Volunteers are expected to comply with the Health & Safety at work Act 1974. This means that you must always act with due regard for your own health and safety and that of others, who may be affected by your actions. In addition you must adhere to any Health & Safety rules and regulations applicable to the department you are to work in.

CONVICTIONS

Because of the nature of Voluntary Work in the National Health Service, under the terms of the Rehabilitation of Offenders Act 1974, you must not withhold any information regarding any previous or current convictions.

Do you have any convictions to disclose? Yes/No

If yes, please give details:

Please give the names and addresses of two referees – other than family. One of these should, if possible, be from your present/last place of employment or education.

1.	2.
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Signature of Applicant
Date

Complete and return to:

Joy Janati
Human Resources
Post Graduate Centre
Poole Hospital NHS Foundation Trust
Longfleet Road, Poole, BH15 2JB
Tel No:01202-448610

Friendly professional care with dignity and respect for all

EQUAL OPPORTUNITIES RECRUITMENT MONITORING

At Poole Hospital we value the individual contribution of our employees and volunteers irrespective of gender, age, marital status, disability, sexual orientation, race, colour, religion, ethnic or national origin. To help us monitor the effectiveness of our policy, please complete this form. The information will be used solely for monitoring purposes and treated as strictly confidential under the provisions of The Data Protection Act 1998. The personal information provided in your application will be processed and stored in accordance with the Data Protection Act 1998 and will not be released to any unauthorised person. This recruitment monitoring form will be separated from your application form before any short listing of candidates is undertaken. If you feel that your application for volunteering has been unfairly considered on any of the above grounds, complaints may be made in writing to the Director of Human Resources.

Title: Mr Mrs Miss Ms Dr Marital Status

Surname Forename

Sex: Male/Female Date of Birth

CHILDREN AND CARERS

The Equal Opportunities Commission recommends that information on children and dependents should be collected on monitoring forms, to ensure there is not discrimination against applicants with children or against carers.

Number of children

Ages:

Other people for whom you have a responsibility as a carer (please specify):

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ETHNIC ORIGIN

How would you describe your ethnic origin?

A-White British/Mixed British		B-White Irish	
C- White other		D- Mixed White/Black Caribbean	
E- Mixed White/Black African		F- Mixed White/Asian	
G- Mixed Other		H- Asian Indian/British Indian	
J- Asian Pakistani/British Pakistani		K- Asian Bangladeshi/British Bangladeshi	
L- Asian Other		M- Black Caribbean	
N- Black Caribbean		P- Black African	
R-Black Other		S- Chinese	
Z- Not stated			

Note: These criteria are used by the Office of Population Censuses and Surveyors.

CITIZENSHIP

Please tick appropriate box. British Citizenship

If you are not a British Citizen or European Community National is there any restriction placed on the length of time you may stay in the United Kingdom. Yes/No

DISABILITY

Do you consider you have a disability? Please give details

POOLE HOSPITAL NHS FOUNDATION TRUST WORKING TOWARDS EQUALITY OF OPPORTUNITY