

LAKES MEDICS

Please send completed forms to
LAKES MEDICS 14A GILLINGGATE KENDAL, CUMBRIA, LA9 4JE
TEL: 07450962554

1. Which volunteering OR Staff role are you applying for

Role title:	Reference number:
Where did you see the role advertised?	
Can you indicate your availability to volunteer (weekends, evenings, daytime):	

2. Personal information

Title (Dr, Mr, Mrs, Miss/other):	First and middle names:
Postcode:	Family/Surname:
Contact address:	
Home telephone no:	Day/work telephone no:
Contact email:	
Date of birth (DD/MM/YYYY): / /	Mobile telephone no:

3. Emergency contact information (In case of an emergency while you were volunteering)

Surname:	Title:
First name:	Preferred first name:
Email:	Home telephone no:
Relationship to applicant:	Mobile telephone no:

4. Why do you want to volunteer for Lakes Medics ?

5. Please tell us how we could make reasonable adjustments in order to help you undertake this role

If you speak any other language apart from English, please provide details:

6. Disclosure of disciplinary action

Part of Lakes Medics duty of care to its patients, young people, volunteers and employees is ensuring that checks are undertaken to identify any issue that may result in an individual being unsuitable for certain roles. To enable us to do this please provide details of any disciplinary action taken against you to do with patient safety or the safeguarding of young people or vulnerable adults.

Have you had such disciplinary action taken against you? Yes No
If yes, please give details:

7. Referee information

Referee one – your current or most recent employer or if you have not worked since education your teacher/ tutor

Surname:		Title:
First name:	Preferred first name:	
Company, organisation or educational establishment:		
Address:		
Postcode:	Contact telephone no:	
Email:		

In what capacity does the referee know you?

Referee two – a personal referee who has known you for at least two years but is not a family member or your friend

Surname:		Title:
First name:	Preferred first name:	
Company or organisation (if applicable):		
Address:		
Postcode:	Contact telephone no:	
Email:		
In what capacity does the referee know you?	How long has the referee known you?	

8. Further screening information we require

HCP PIN number (if a registered health care professional):	Through providing this PIN you consent to LAKES MEDICS checking details of your registration with your regulatory body.
Name of HCP regulatory body:	
Have you previously been a LAKES MEDICS volunteer? Or employee?	
If YES, which role:	If YES, region:
Do you have a full clean UK driving licence: Yes No	

Are you from outside the UK / EU / EEA and on a temporary visa? Yes No

If yes, please give details:

9. Declaration, photographic consent and data protection information

DECLARATION

I declare that:

- In view of current immigration and asylum legislation, everyone who wishes to volunteer with Lakes Medics must be able to prove they are legally eligible to volunteer in the UK. Therefore, the correct documentation must be presented in order for Lakes Medics to process applications. The documentation provided must be an original.
- I understand and consent to having a Criminal Record check carried out, and completing appropriate medical health declarations to start and continue my volunteering with Lakes Medics.
- I consent to abide by the regulations and policies as set out by Lakes Medics.
- I consent to making an annual declaration of any offences.
- I consent to declaring any conflicts of interest between Lakes Medics and any other work or volunteering I do with an external organisation at any time such a conflict arises.
- I confirm that to the best of my knowledge, the information I have supplied on this form is correct and accurate at the time of writing. If my personal circumstances change, especially in regard to my health, which for any reason may affect my fitness for my designated role, I will notify my line manager as soon as possible.

PHOTOGRAPHIC CONSENT

Photographs may be taken for the purposes of promoting the work, to be used alongside editorial, in advertising, and for general information provision. I hereby grant **Lakes Medics** the right to hold such images of my person. I understand that the images will NOT be licensed for any use beyond the remit of **Lakes Medics** and will not be provided to any unconnected third person. I understand **Lakes Medics** holds the copyrights and all other rights for the images.

By signing below I warrant that the information provided by me is accurate in all respects and I give consent for such photographs to be taken, used, and held as stated above.

Name of applicant (PRINT):

Signature of applicant:

Date of signing (DD/MM/YYYY): / /

If you are under 18 years of age, please ensure that a parent/guardian signs below.

Name of parent/guardian (PRINT):

Signature of parent/guardian:

Date of signing (DD/MM/YYYY): / /

10. Conflicts of interest

Conflicts of interest occur when personal connections or interests affect, or are perceived to affect, decision-making in one's role. Conflicts of interest might arise when volunteers or employees work or volunteer for other organisations and are involved in helping that organisation to compete with Lakes Medics or when we provide training to volunteers who fail to use that training to support Lakes Medics. Usually, conflicts of interest can be managed or resolved, but they do need to be identified first. If you think you might have a conflict of interest, please tick this box, and briefly describe the circumstances. Note: this will not affect the shortlisting process but we may discuss this with you at interview.

Please give details:

11. Criminal record checks

Do you have a previously issued DBS certificate? Yes No

If yes, please complete the rest of this section. If no, please skip to the next section.

Are you registered with the Disclosure and Barring Service's (DBS's) online update service? Yes No

Does your DBS result show that the check was undertaken at an Enhanced level? Yes No

What barring list checks are shown on your certificate? Adult Child Other None

Please indicate which workforce is displayed under the heading 'Position applied for':

Child and Adult Child Adult Other

Do you have any adverse information on your certificate? Yes No

Adverse information will not necessarily prevent you volunteering for Lakes Medics.

PLEASE GO TO NEXT PAGE.

12. Equality, inclusiveness and diversity information

The aim of this section is to allow Lakes Medics to monitor our volunteer recruitment for equality, Inclusiveness and diversity reasons. This Information is confidential to Lakes Medics and will not be shared with outside organisations. Categories used came from HM Government census. If you prefer not to provide this information please leave blank.

What is your gender?

Male Female Prefer not to answer

Do you consider yourself to have a disability?

Yes No Prefer not to answer

Disability as outlined in The Equality Act 2010 (Disability) Regulations 2010 is defined as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'

What is your sexuality?

Heterosexual or Straight Gay or Lesbian Bisexual
Prefer not to say Other:

What is your religion?

No religion Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist Hindu Jewish
Muslim Sikh Any other religion, please describe:

How would you describe your ethnic origin?

White

English / Welsh / Scottish / Northern Irish / British
Irish
Gypsy or Irish Traveller
Any other White background, please describe:

Asian / Asian British

Indian
Pakistani
Bangladeshi
Chinese

Mixed / Multiple ethnic groups

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed / Multiple ethnic background, please describe:

Any other Asian background, please describe:

Black / African / Caribbean / Black British

African
Caribbean
Any other Black / African / Caribbean background, please describe:

Other ethnic group

Arab Any other ethnic group, please describe: