Thank you for your interest in Healthwatch Bradford and District volunteering. Please read the role profile for the role you are interested in and complete the form below telling us about your experience, skills and knowledge.

You can complete this form manually or electronically. To complete electronically open the document in *word*, click the *view* menu and select *edit document*. Complete the document by typing in the shaded areas and when completed *save* the document.

If you complete the form manually please use additional sheets if required. All information provided in this application form will be treated as confidential and in line with data protection regulations. Please see our **Privacy Policy** for more information.

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |       | **Surname:** |       |
| **Address:** |       |
| **Tel:** |       | **Mobile:** |       |
| **Email:** |       |
| **Which Volunteer role are you interested in?** |
|       |
| **What has interested you in volunteering for Healthwatch Bradford & District and what do you feel you have to offer Healthwatch Bradford & District** |
|       |
| **Knowledge and Experience** |
| Please refer to the volunteer person specification when completing this section. Please respond to each of the requirements listed in the **Knowledge and Experience** section, demonstrating how your knowledge and experience gained from work, voluntary or other personal/professional experience supports the requirements. |
|       |
| **Skills** |
| Please refer to the volunteer person specification when completing this section. Please respond to each of the requirements listed in the **Skills** section, demonstrating how the skills you have meet the ones listed and required for this role. You can draw on your academic, professional, voluntary or personal life.  |
|       |
| **Personal Qualities**  |
| Please refer to the volunteer person specification when completing this section. Please respond to each of the requirements listed in the **Attitudes and Values** section, demonstrating how you have the necessary personal qualities and attitudes needed for this role. |
|       |
| **More about yourself** |
| Please tell us more about yourself that you have not covered above and feel is important for us to consider. It is ok to leave this section blank |
|       |
| **Is there anything we can do to make volunteering more accessible for you? For example, documents in large print or provide a hearing loop.** |
|       |
| **Please tell us where you heard about Healthwatch Bradford and District** |
|       |

|  |
| --- |
| **References -** Please provide us with the names and contact details (email preferable) for 2 people who can act as referees for you, who have known you for more than 2 years and aren’t related to you (these do not have to be current/previous employers) |
| **Reference 1** |
| Name |       |
| Email address |       |
| Contact number |       |
| In what capacity do they know you? e.g. (friend, colleague, employer, teacher etc)?       |
| **Reference 2** |
| Name |       |
| Email address |       |
| Contact number |       |
| In what capacity do they know you? e.g. (friend, colleague, employer, teacher etc)?       |

## Data Protection Statement

We will always make sure that your information is protected and treated securely**.** We store this information for up to 6 months after you have completed volunteering for us or applied to volunteer with us. Any information that you give will be held in accordance with:

*Data* Protection Act 2018 which includes the General Data Protection Regulations (GDPR). Please refer to our **Data Protection** (**Privacy) Policy** for more information. This is available on our website.

Please complete your name in the box below to confirm that the information you have given us is correct and that you agree with our storage of your information in line with our Data Protection Statement and Privacy Policy.

I consent to the processing by the organisation of personal data relating to me as necessary for the performance of my activities on behalf of the organisation and/or the conduct of the organisation's business

I agree that I may be contacted by Healthwatch Bradford and District by email, post or telephone for the purposes of this application.

|  |
| --- |
| Signed:      (if completing electronically please type your full name as your signature) |
| Date:       |

#### Please return to: volunteer@healthwatchbradford.co.uk

#### Or post to:

#### Healthwatch Bradford, Central Hall, Alice Street, Keighley, BD21 3JD

**Note:** This selection process is for Enter and View volunteers for the purposes of volunteering only and neither of us intend any employment relationship to be created either now or at any time in the future.

#### Thank you for your interest in Healthwatch Bradford and District