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**Application for**

**Healthwatch Barking and Dagenham Volunteers**

**Introduction to Healthwatch Barking and Dagenham**

Healthwatch Barking and Dagenham is the champion for people using health and social care services. We listen to people’s views about health and social care service including their experiences and encourage health and social care services to involve people in decisions that affect them.

We work for positive change in health and social care in Barking and Dagenham as well as highlight good practice within services.

We rely on volunteers to help make services better.

Healthwatch Barking and Dagenham service is delivered by LifeLine Community projects. Therefore our volunteers are part of LifeLine and will be required to follow policies and procedures that fall under the LifeLine.

**Completing the application form and things to note**

**This application form should be completed by referring to the Role Outline and Person Specificationfor the role you are applying for.**

Electronic application forms are preferred, however if you need or wish to complete an application form by hand, you can either print one or please let us know and we can post one out to you.

If you feel a question does not apply, please mark it N/A (not applicable).

All information provided in this application form will be treated as confidential and used only for the purposes of selection to be a member of Healthwatch service volunteering roles.

If you want to discuss any of the volunteering opportunities, feel free to contact us.

**Volunteer Application Form for Healthwatch Volunteer roles**

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| **Volunteer name:** |  | | |
| **Which roles are you interested in?** | Healthwatch Champions  Enter & View Authorised Representative  Research Assistant Volunteer  Social Media Volunteer | | |
| **Address:** |  | | |
| **Email:** |  | | |
| **Telephone no:** |  | **Available start date:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Availability** |  | | **AM**  **9.30am- 1pm** | **PM**  **2am-5pm** | | **Evening**  **5pm onwards** | **Please specify if you would like to volunteer alternative hours.** |
| **Monday** | |  |  | |  |  |
| **Tuesday** | |  |  | |  |
| **Wednesday** | |  |  | |  |
| **Thursday** | |  |  | |  |
|  | **Friday** | |  |  | |  |
| Commitment | | Weekly Once a month Twice a month Ad hoc | | | | | |
| Are you available for half terms/ school holiday? | | | | | Yes | | No |

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| **Please outline how you think that you are suited to this role, making reference to the Role Outline and essential and desirable criteria stated in the Person Specification and why you would like to volunteer for the Healthwatch Service.** |
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**Education and Qualifications**

**If you prefer, please attach a CV**

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| As your role may involve you working with young people and vulnerable adults we may require you to complete a DBS disclosure. Are you willing to undertake a DBS check? (Note - previous DBS certificates are not valid unless you subscribe to the update service)  Yes  No  I am subscribed to the update service and am happy for you to run a check. |

### Health / Disability

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| **Do you consider that you have a health problem or a disability?** YES / NO  If yes, please provide details of your disability and any reasonable adjustments we may need to make |

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| ***Declaration****: Board members and Enter and View Representatives will need to declare any conflicts including but not limited to:*   * *If they work in the health and care sector* * *If they are part of a voluntary sector group receiving funds to deliver a health or care related service.* * *If they are receiving care from a hospital across North East London*   *\*any conflicts of interest would need declared at the beginning of the meeting.*  ***Please tell us below if any of these conflicts apply to you*** |

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| **References**  Please give details of two referees who have known you for at least one year. A referee can be a previous employer, someone from an organisation you have volunteered with, or a friend. They could also be a social worker, probation officer, or anyone else who has worked with you and knows you. Family members cannot be referees.  If you are under 18, this could be a teacher or a youth leader. | |
| **Referee 1** | **Referee 2** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Telephone number:** | **Telephone number:** |
| **Email:** | **Email:** |
| **Relationship to applicant:** | **Relationship to applicant:** |

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| I certify that the information provided is complete and correct. I understand that failure to provide complete and correct information may result in the withdrawal of an offer of the volunteer role or if already employed instant dismissal. I also give my permission for a DBS check to be carried out if necessary.  **Signed** ……………………………………………………………………………………… **Date** ………………………………  Return completed and signed form by email to [recruitment@lifelineprojects.co.uk](mailto:recruitment@lifelineprojects.co.uk) or by post to HR Assistant, HR Department, LifeLine Projects, LifeLine House, Neville Road, Dagenham, Essex, RM8 3QS. |