YOUNG HEALTH CHAMPIONS VOLUNTEER PROGRAMME

NHS Hull University Teaching Hospitals NHS Trust

Young Health Champions Volunteering Programme

Application Form

Note that to become a Young Health Champion on this programme you must be 16-24 years

Name (in full) (Mr/Mrs/Miss/Other)			
Address			
Home Telephone Number		**Mobile Number**	
Email Address (if used regularly)		**Date of Birth**	
		Age	
Emergency Contact		**Relationship to you?**	
A medical will be undertaken, but are you in good health? Yes/No	If no, please specify		

Please specify whether you are affected by any of the learning difficulties/disabilities opposite. Please tick if relevant.					
	Visual impairment		Dyscalculia		
	Hearing impairment		Autism Spectrum Disorder		
	Disability affecting mobility		Asperger's syndrome		
	Profound complex disabilities		Other physical disability		
	Social & emotional difficulties		Other specific learning difficulty		
	Mental health difficulty		Other medical condition		
	Moderate learning difficulty		Other learning difficulty*		
	Severe learning difficulty		Other disability*		
	Dyslexia		Prefer not to say		

*Please give further details	
Please indicate any special arrangements you require in relation to your needs?	

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Which of the Thematic Groups do you consider would apply to you? Tick as many as apply.	Care Leavers		Gypsies and Travellers	
	Ex-Offenders		Alcohol/Drug Misuse	
	Young Carers		Lone Parent	
	Homelessness or in Temporary Accommodation			
How did you find out about becoming a YHC Volunteer. (Website, word of mouth etc.?)				

Please give the name and address of two referees. These should be people who have known you for <u>AT LEAST 2 YEARS</u>. They must not be related to you, e.g. your brother, aunt or sister in law, but should be someone who can tell us about you as a person such as your tutor, your neighbour, your sports coach or your current or previous employer.

Name:		**Name:**	
Address:		**Address:**	
Email:		**Email:**	
How long have they known you and in what capacity?		**How long have they known you and in what capacity?**	

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DISCLOSURE AND BARRING SERVICE CHECK

As a Trust who is committed to securing the safety of its patients, volunteers, staff and property, we use the Disclosure and Barring Service. This will be at an enhanced level. With one of our values being honesty, we encourage applicants to tell us about any convictions, cautions, reprimands and warnings during the application and interview process, regardless of when they took place. Having a criminal record may not necessarily bar you from becoming a trainee with us; this will depend upon the nature and circumstances of your offences.

Do you have any convictions, cautions, reprimands, final warnings or ongoing investigations against you?

YES ❑ **NO** ❑

If yes please provide full details on a separate sheet of paper.

VOLUNTEERS DECLARATION

I can confirm that the information that I have provided in this application form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being or my voluntary placement withdrawn.

Signature …….

Date ……..

Please return completed application forms too:

Rachael Hardcastle-Pearce
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SUPPORTING INFORMATION FOR YHC APPLICATION

Please state why you would like to join Hull University Teaching Hospitals NHS Trust as a Young Health Champion **Volunteer**

Please include the following:

- What you hope to gain from becoming a volunteer
- What your future aspirations are
- How you do you feel the volunteering will help you to achieve these
- Have you demonstrated your commitment to something in the past

disability confident EMPLOYER