

**Young Health Champions Volunteering Programme**

**Application Form**

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

<b>Name (in full) (Mr/Mrs/Miss/Other)</b>					
<b>Address</b>					
<b>Home Telephone Number</b>		<b>Mobile Number</b>			
<b>Email Address (if used regularly)</b>		<b>Date of Birth</b>			
		<b>Age at next birthday</b>			
<b>Emergency Contact</b>		<b>Relationship to you?</b>			
<b>A medical will be undertaken, but are you in good health? Yes/No</b>		If no, please specify			
<b>Please specify whether you are affected by any of the learning difficulties/disabilities opposite. Please tick if relevant.</b>		Visual impairment	<input type="checkbox"/>	Dyscalculia	<input type="checkbox"/>
		Hearing impairment	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>
		Disability affecting mobility	<input type="checkbox"/>	Asperger's syndrome	<input type="checkbox"/>
		Profound complex disabilities	<input type="checkbox"/>	Other physical disability	<input type="checkbox"/>
		Social & emotional difficulties	<input type="checkbox"/>	Other specific learning difficulty	<input type="checkbox"/>
		Mental health difficulty	<input type="checkbox"/>	Other medical condition	<input type="checkbox"/>
		Moderate learning difficulty	<input type="checkbox"/>	Other learning difficulty*	<input type="checkbox"/>
		Severe learning difficulty	<input type="checkbox"/>	Other disability*	<input type="checkbox"/>
		Dyslexia	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
		*Please give further details			
<b>Please indicate any special arrangements you require in relation to your needs?</b>					

<p><b>Which of the Thematic Groups do you consider would apply to you?</b> Tick as many as apply.</p>	Care Leavers	<input type="checkbox"/>	Gypsies and Travellers	<input type="checkbox"/>
	Ex-Offenders	<input type="checkbox"/>	Alcohol/Drug Misuse	<input type="checkbox"/>
	Young Carers	<input type="checkbox"/>	Lone Parent	<input type="checkbox"/>
	Homelessness or in Temporary Accommodation	<input type="checkbox"/>		<input type="checkbox"/>
<p><b>How did you find out about becoming a YHC Volunteer.</b> (Website, word of mouth etc.?)</p>				
<p>Please give the name and address of two referees. These should be people who have known you for <b>AT LEAST 2 YEARS</b>. 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.</p>				
<b>Name:</b>		<b>Name:</b>		
<b>Address:</b>		<b>Address:</b>		
<b>Email:</b>		<b>Email:</b>		
<b>How long have they known you and in what capacity?</b>		<b>How long have they known you and in what capacity?</b>		



**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 rejected or my placements being terminated.

Signature .....

Date .....

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Please return completed application forms to:

**Rachael Hardcastle-Pearce**

**Senior Patient Experience and Engagement Officer  
Hull University Teaching Hospitals NHS Trust  
Castle Hill Hospital  
Entrance 2  
Castle Road  
Cottingham  
HU16 5JQ**

**01482 623089 Office Number**

**07775 546434 Mobile Number**



**SUPPORTING INFORMATION FOR YHC APPLICATION**

**Name**

**Address**

From the role profile, issued with your application form, please state (in 200 words) 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



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