Expression of Interest

**Thank you so much for expressing your interest in becoming a volunteer with Healthwatch Surrey.**

Please complete this form so we can learn more about you and why you want to volunteer for Healthwatch Surrey.

If you have any problems filling in any part of the form or have any queries about volunteering with us, please contact: Zoe Harris on 01483 572790 or e-mail zoe.harris@healthwatchsurrey.co.uk

Please type your answers to the questions into the text boxes. These will expand as you type until they fill the box. Electronic applications are preferred, but if you wish you can print a copy and fill it in by hand.

Forms should be completed and returned to zoe.harris@healthwatchsurrey.co.uk

By post to: **Healthwatch Surrey**, Old Millmead House, Millmead, Guildford, Surrey GU2 4BB

All information provided in this form will be treated as confidential and used only for the purposes of selection to be a Healthwatch Surrey volunteer and will be seen only by those directly involved in the selection process.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Email  |  |
| Contact phone number |  |

|  |  |
| --- | --- |
| Volunteering role applied for: |  |
| Why would you like to volunteer for Healthwatch Surrey? And what are you particularly interested in doing? |  |
| What skills and knowledge could you bring to a volunteering role with Healthwatch Surrey?(This could include details of any previous voluntary work undertaken, details of any skills you feel you are able to bring to Healthwatch Surrey, relevant work experience, personal or professional details or qualifications that you feel would be relevant) |  |
| Any other relevant information:  |  |
| What’s your availability to volunteer with Healthwatch Surrey each month?  |  |
| How did you hear about volunteering opportunities with Healthwatch Surrey? |  |

**Emergency Contact Details**

|  |  |
| --- | --- |
| Please provide details of your next of kin. | **Name:****Relationship to you:****Telephone number:** |
| Please state any medical details we should be aware of in the event of an emergency, e.g. diabetes, epilepsy. |  |

**Referees**

|  |
| --- |
| Please provide contact details (name, address, telephone/email contact details) of two people who have known you AT LEAST TWO YEARS – they cannot be family members and if possible your recent or current employer should be one referee. |
| **Name:****Capacity:****Address:****Tel:****Email:**  |
| **Name:****Capacity:****Address:****Tel:****Email:** |

I confirm that the information given in this form is correct to the best of my knowledge and understand that any false statements or missing information would mean my application being withdrawn or my voluntary position with Healthwatch Surrey being terminated.

I understand that all my details from the application will be put in computer or on file as ‘private & confidential’ under the Data Protection Act (1998).

 I understand that any appointment will depend on clear references.

I understand that Healthwatch Surrey is committed to safeguarding children and vulnerable adults and has the right to ask a for Disclosure and Barring Service (DBS) check. I confirm that I am not barred or in the process of being barred from working with children or vulnerable adults and I agree to have an enhanced DBS check.

I give permission for any of my confidential details to be shared with other members of staff at Healthwatch Surrey.

I will inform Healthwatch Surrey quickly of any changes that may affect my volunteering, such as changes to health, awaiting prosecutions or convictions, which may happen whilst I am registered for voluntary work.

Signed: …………………………………………………………………………….

On receiving this form Healthwatch Surrey will be in touch to arrange a suitable time to discuss volunteering at Healthwatch Surrey in more details.

**Thank you for taking the time to complete this form.**