



**Greater Manchester
Mental Health**
NHS Foundation Trust

Volunteer Application Form- Allocated Family Support Member

If you require assistance completing this application form, please contact the Volunteer Supervisor/Co-ordinator for the service you are applying to.

Title:
Name:
Address:
Post Code:
Date of Birth:
National Insurance Number:
Telephone number where we can contact you Mon-Fri 9am – 5pm
E-mail Address:
Please tell us why you are interested in/suited to this volunteer role:

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mental health services**





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What knowledge, skills and experience have you acquired from either life experiences, education, training or employment, previous volunteer work, or other activities, including hobbies/sports, that you feel will support your application to become an Allocated Family Support Member volunteer?

Have you previously volunteered? If so where?

If you have ever been refused work as a volunteer or asked to not volunteer anymore for a service, please indicate when this was, for which service and why.

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Do you have either a working/professional or a personal relationship with any client or member of staff who is involved with, or works for the service we manage? If yes, please state 'client' or 'staff' and the name of the service and the nature of your relationship. For confidentiality reasons, do not state the name of the person.

At present, are you currently:

<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Volunteering	<input type="checkbox"/> In further/higher education

During which hours are you available to volunteer? Please tick the appropriate box(es)

	MON	TUE	WED	THU	FRI	SAT	SUN
Mornings							
Afternoons							
Evenings							

Please confirm any additional support needs you have in order to carry out this particular volunteer role:

References

Please give details of two referees who can comment on your ability to volunteer. Please state how each person knows you.





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Name: _____

Name: _____

Address: _____

Address: _____

Tel No: _____

Tel No: _____

E-mail: _____

E-mail: _____

How does this person know you?

How does this person know you?

Person to notify in an Emergency

Name			
Address			
Post Code		Home Phone	
Work Phone		Mobile Phone	
E-mail			

Other Information

Use, this space to tell us any other information you feel we need to be aware of, or that you would like to tell us about.

Criminal Records Disclosure - Rehabilitation of Offenders Act 1974

Volunteer positions are subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Enhanced Disclosure to be made to the Disclosure and Barring



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Service (DBS) (formerly known as CRB) to check for any previous criminal convictions. You will be required to complete a DBS Form prior to any successful confirmation of a position. Please note that this does not incur a fee.

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers. Failure to make any declarations may cause the Trust to withdraw any offers made to you.

The Trust is committed to treating all applicants for voluntary positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or belief and undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Do you have any convictions that are 'unspent' to declare? Failure to make any declarations may cause the Trust to withdraw any offers made to you. Declared unspent convictions do not necessarily mean that you cannot volunteer for us. The Trust has a risk assessment process in order to safeguard yourself, our service users and carers. If you declare unspent convictions, we will ask you take part in this risk assessment process.

Agreement and Signature

By submitting this application form, I affirm that the facts included in it are true and complete. I understand that any appointment offered is subject to a DBS check, health assessments, references, and satisfactory completion of the mandatory training programme. I accept that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that no person who has a conflict of interest with the Trust, whether personal, philosophical, or financial shall be accepted to serve as a volunteer.

I understand that "expenses payable for volunteer involvement may have an impact on any other payments I may be in receipt of".

Signature: _____ Date: _____

Monitoring information - Strictly confidential





We welcome applications from all sections of the community; in order to check the effectiveness of our commitment to equal opportunities we would be grateful if you would complete this section of the application form. It will be detached from your application form and will be used for monitoring purposes only.

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, in accordance with the protected characteristics in the Equality Act 2010.

Please complete the questions overleaf which will be detached from the rest of your form and used for monitoring purposes only.

Monitoring Information - Strictly Confidential

1) **Age or date of birth:** _____

2) **Sex**

Male Female I do not wish to disclose

3) **Ethnic Origin:**

Asian or Asian British

Bangladeshi Indian Pakistani Any other Asian background

Black or Black British

African Caribbean Any other Black background

Mixed

White & Asian White & Black African White & Black Caribbean

Any other mixed background

White

British Irish any other White background

Other Ethnic Group

Chinese any other ethnic group I do not wish to disclose this

4) **Sexuality**

Lesbian Gay Bisexual Heterosexual Transsexual

I do not wish to disclose this



