



Homerton University Hospital **NHS**

NHS Foundation Trust

Homerton Helpers Application Form

If you need help completing this form or have any questions,
please email huh-tr.volunteering@nhs.net or ring 020 8510 5579

Name	
Address	
Phone (home & mobile)	
Email	
Date of birth	(applicants must be 18 and over)

Why would you like to volunteer at the Homerton? (please say in no more than 200 words)

Which role would you like to apply for? (please see the website for a full list of roles or ring the Volunteer Office for more information)

To volunteer you must be able to commit to the same 3 hours each week for a minimum of six months. Please indicate the days/times you are available

Are you fluent in any languages other than English? If yes, please state which other languages.

If you require any specific support or help to volunteer, please tell us how we could provide this.

Emergency contact

Name

Contact number

Relationship to you

References

Please give the contact details of two people who have known you for at least one year and are willing to provide a reference. They must not be family members. If possible, at least one must be someone who has known you at school, work or through another voluntary placement.

Please give email addresses if at all possible.

Contact details	Reference 1	Reference 2
Name		
Relationship to you		
Address		
Phone number		
Email		

Equal opportunities and monitoring information

Homerton University Hospital NHS Foundation Trust is committed to developing a group of volunteers that reflects the multi-cultural diversity of our local population, with opportunities offered regardless of race, gender, religion, age, nationality, marital status, sexual orientation or physical, cognitive or sensory disability. **The information below will be used solely for monitoring purposes and will be treated as confidential.**

Are you male/female (please delete as appropriate)

What is your employment status? (e.g. employed, unemployed, student, retired)

How did you find out about Homerton Helpers? (please tick)

Website

Friend/
staff/patient

Another organisation (please specify)

Other (please specify)

Do you consider yourself to have a condition which falls under the *Disability*

Discrimination Act 2005? A 'disabled person' is defined in the Act as someone with a 'physical or mental impairment which has substantial and long term adverse effects on their ability to carry out normal day to day activities.' Impairment includes sensory impairment, e.g. of sight or hearing. 'Mental impairment' includes learning difficulties and 'clinically well recognised mental illness'.

Yes/No (please delete as appropriate)

Ethnic Origin	Please tick	Ethnic Origin	Please tick
White		Black	
White British		Caribbean	
Irish		Black Somali	
Greek (incl Greek Cypriot)		Black African (except Somali)	
Turkish (incl Turkish Cypriot)		Black British	
East European		Other Black background	
Orthodox Jewish		Other Ethnic Groups	
Jewish		Chinese	
Other white		Arab or Middle East	
Mixed		Kurdish	
White & Black Caribbean		Vietnamese	
White & Black African		Any other ethnic group	
White & Asian		Asian	
Other mixed background		Indian	
Mixed		Pakistani	
Not known		Bangladeshi	
		Other Asian background	

THANK YOU FOR COMPLETING THIS FORM

Please return to: By email, dawn.budge@nhs.net By post: D. Budge, PALS Offices, Homerton University Hospital, Homerton Row, London E9 6SR