

Dear Applicant

Thank you for expressing an interest in becoming a volunteer with Coventry Hospital Radio, a subsidiary of University Hospitals Coventry & Warwickshire NHS Trust. As a subsidiary CHR is managed by an elected committee and relies totally on donations to finance the station. An annual membership fee is payable each year, at present this is £20.00 per year, (£10.00 for students, retired and those in receipt of benefits).

Coventry Hospital Radio provides a service to the patients throughout UHCW NHS Trust and values the involvement of local people as volunteers in activities that enhance the quality of the service we provide for our listeners.

Your offer of voluntary help is very much appreciated and if you are successful you can be assured of a warm welcome to the Coventry Hospital Radio team.

Before completing the application form, please see below further information about volunteering with us.

### **What we look for in a CHR volunteer**

Volunteering with Coventry Hospital Radio can offer a great opportunity to give something back to your local community but it should not be viewed as a work or an educational Placement.

Volunteering is defined as “An activity that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than, or in addition to, close relatives.” (Volunteering England’s “The Compact Code of Good Practice on Volunteering”).

To be a volunteer with CHR you need to be able to commit to the role fully and ensure you are the right type of person to volunteer in a hospital radio environment.

Coventry Hospital Radio Volunteers need to be:

- Friendly and approachable
- Caring and good listeners
- Comfortable approaching people to offer help
- Able to work independently and use initiative after initial training period
- Emotionally mature and able to stay calm in difficult situations
- Adaptable
- Able to offer a regular weekly commitment to CHR for at least **12** months.

### **CHR Volunteer responsibilities**

Each role within Coventry Hospital Radio has a specific list of duties that the volunteer can undertake, however all volunteers must also:

- Attend the Volunteers Induction Programme (the date of which will be given to you at your informal meeting). Please note that the training programme is 9:30am – 4pm.
- Be polite, courteous and respectful to others
- Know the hospital layout and be a source of information
- Wear the Trust volunteer ID badge appropriately
- Adhere to the Coventry Hospital Radio code of conduct
- Promote a positive image of CHR, the hospital, staff and voluntary services
- Uphold the values of the Trust (treating other Volunteers, staff, patients and visitors in a respectful, dignified manner at all times.

If you feel you have what it takes to become a volunteer with Coventry Hospital Radio, please complete the enclosed application form, supporting information and equality data collection form and return it to the freepost address provided at the top of the form. Please note we are unable to accept your application without all sections complete.

### **What happens next?**

On receipt of your application you will be asked to come in to the CHR studio for an informal meeting with one of our committee members to discuss suitability to join the CHR team.

If you are found suitable two references will be requested (one professional and one character) Your references should not be from anyone related to you and should be UK based references.

Upon receipt of two references you will be contacted by Kristine Davies or Sukie Dharni from Voluntary Services to arrange an informal meeting to discuss your application further.

In accordance with the NHS Employment Check standards that apply to all applicants for NHS positions and staff in ongoing NHS employment, which includes volunteers, we are required to carry out the following:

- Identity Checks
- Eligibility to work in the UK check
- Occupational Health Clearance
- Disclosure and Barring Service (DBS) check - formerly known as the Criminal Records Bureau.

The above will be completed during your informal meeting.

The Disclosure and Barring Service was formed from the merger of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA). If you are a member of the DBS Update Service please inform the Voluntary Services Department as they may be able to carry out a Status Check on you.

I look forward to meeting you soon. Should you have any queries in the meantime, please do not hesitate to contact the volunteers office on 02476965146 / 02476965147.

Yours Sincerely

*G Davies*

Gary Davies  
CHR Secretary

# Coventry Hospital Radio

Your Friend At The Bedside

## Application for Membership

[www.coventryhospitalradio.org](http://www.coventryhospitalradio.org)

**NHS**  
University Hospitals  
Coventry and Warwickshire  
NHS Trust



### Please return form to:

Voluntary Services Department  
Freepost RLZE-GZBZ-AAXJ  
University Hospital  
Clifford Bridge Road  
Coventry  
CV2 2DX

Phone: Studio: 024 7696 8252  
Office: 024 7696 5146 / 024 7696 5147  
Email: [studio@coventryhospitalradio.org](mailto:studio@coventryhospitalradio.org)

### Personal Details:

<b>Full Name:</b>	
<b>Title: Mr / Mrs / Miss / Ms / Other</b>	<b>Address:</b>
<b>Preferred Name:</b>	
<b>Date of Birth:</b>	
<b>I can confirm I am over the age of 16</b> <input type="checkbox"/>	<b>Postcode:</b>
<b>Telephone:</b>	<b>Email:</b>

### Emergency Contact Details:

<b>Name:</b>
<b>Relationship to you:</b>
<b>Contact telephone number:</b>

### How did you hear about us?

NHS/CHR Website  Voluntary Action  College/University  Volunteer

Other: Please state. \_\_\_\_\_

**Are you currently studying at School, College or University?** Yes  No

<b>Have you worked in radio before? (hospital or other) If so please give details</b>

<b>How much time (per week) and which part of the day are you able to commit to hospital radio?</b>

### Reason(s) for wanting to become a hospital radio volunteer

- |  |  |
|--|--|
| <input type="checkbox"/> To give something back to the community | <input type="checkbox"/> To help your local hospital |
| <input type="checkbox"/> A means of meeting new people           | <input type="checkbox"/> Other reasons               |
| <input type="checkbox"/> For a new experience                    |  |

### Please indicate which activities you are most interested in at Coventry Hospital Radio.

Programme Presenting       Request Collecting       Librarian

**Referees:**

Please give the names and contact details of two referees. These should be people who have known you for at least **2 years**. They must not be related to you, e.g. your Brother, Aunt, Sister-in-law, but should be someone who can tell us about you as a person e.g. your tutor, your neighbours, your current or previous employer:

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Email:		Email:	
How does the referee know you? (e.g. manager, tutor)		How does the referee know you? (e.g. manager, tutor)	

The Trust undertakes to discuss any information revealed in a Disclosure with the person seeking voluntary work before withdrawing a conditional offer from volunteering.

**Having a criminal record will not necessarily bar an ex-offender from volunteering with the Trust.** This will depend on the nature of the position and the circumstances and background of the offence.

**Rehabilitation of Offenders Act 1974**

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?

In order to protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) order, 1975. It is not, therefore **IN ANY WAY CONTRARY TO THE ACT** to reveal any information you may have concerning convictions which would otherwise be considered as “spent” in relation to this application. Any such information will be kept in strict confidence, and used only in consideration of your suitability for this post.

**Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?** Yes  No

If yes, please give details: \_\_\_\_\_

Does your name appear on the Protection of Children Act List? Yes  No

Does your name appear on the Protection of Vulnerable Adults List? Yes  No

Are you a member of the Disclosure & Barring Service (DBS) update service? Yes  No

**General Data Protection Regulations 2018:** Personal data relating to your application or any voluntary work with UHCW NHS Trust shall be processed fairly and lawfully in accordance with the Data Protection Act 1998. Please read the Privacy Notice on page 6 for information on how your personal information will be processed. Please indicate that you give your consent to be added to our volunteer database.

**I consent to being added to the Volunteer Database**

**Commitment:** We hope that you can volunteer for a long period of time and we will supply references after you have been with us for 12 continuous months.

**Confidentiality:** I understand that all matters relating to the treatment of patients are to be held by me in the strictest confidence and that no information will be divulged to any third party.

**Leaving the Trust:** Volunteers are asked to inform the Voluntary Services Department if they decide to stop volunteering.

**I declare that the information given on this form is accurate to the best of my knowledge and that the voluntary placement offered will be subject to the information on this form being correct.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## **Privacy Notice**

As part of the volunteer application and management process, we will collect certain personal data, which we will process and hold in accordance with the General Data Protection Regulation (GDPR); which came into force on 25 May 2018.

This data will include your full name, date of birth, address, email address, contact numbers, school, college or other education centre (if applicable), training record and hours of work at our hospital(s). It will also include, where supplied, your disabilities (if any), gender and ethnic background. It will include a record of your DBS and Occupational Health checks.

Please tick to indicate your consent for this data to be held and processed by us for the purpose of assessing your suitability as a volunteer, managing your volunteer experience and monitoring our volunteer population only.

Please note that identity documents, proof of right to work in the UK, references, DBS and OH check results form part of the application. We will not process your data for any other reason and will not share it with any third parties.

For information, our volunteer software stores and processes data on secure servers in Canada, a country approved by the European Commission as trusted to comply with our data protection requirements.

If your application is unsuccessful, we will hold your data for 12 months, and then destroy it. If you are successful, we will hold your data (including training and attendance records) for the duration of your time with us, plus an additional period of six years before destroying it.

### **Your rights**

Under the General Data Protection Regulation 2018 you have a number of rights with regard to your personal data. You have the right to request from us access to and rectification or erasure of your personal data, the right to restrict processing, object to processing as well as in certain circumstances the right to data portability.

If you have provided consent for the processing of your data you have the right (in certain circumstances) to withdraw that consent at any time which will not affect the lawfulness of the processing before your consent was withdrawn.

You have the right to lodge a complaint to the Information Commissioners' Office if you believe that we have not complied with the requirements of the GDPR with regard to your personal data.

### **Contact details**

UHCW NHS Trust is the controller and processor of data for the purposes of the GDPR.

If you have any concerns as to how your data is processed you can contact:

Information Governance Team on [information.governance@uhcw.nhs.uk](mailto:information.governance@uhcw.nhs.uk)

## Equality data collection form

UHCW NHS Trust is committed to delivering services that are fair and accessible for all of our communities. To ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information.

All information is confidential and will be used for statistical purposes only.  
You do not have to answer any of these questions, but we would be very grateful if you would.

<b>Date of birth:</b> ___/___/___	<input type="checkbox"/> I prefer not to say
<b>Postcode:</b>	<input type="checkbox"/> I prefer not to say
<b>Race</b> (taken from the proposed 2011 census categories)	
<b>White</b>	
<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller Any other White background, write in: <input style="width: 300px;" type="text"/>	
<b>Mixed/ multiple ethnic groups</b>	
<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian Any other mixed/multiple ethnic background, write in: <input style="width: 300px;" type="text"/>	
<b>Asian/ Asian British</b>	
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese Any other Asian background, write in: <input style="width: 300px;" type="text"/>	
<b>Black/ African/ Caribbean/ Black British</b>	
<input type="checkbox"/> African <input type="checkbox"/> Caribbean Any other Black/ African/ Caribbean/ Black British, write in: <input style="width: 300px;" type="text"/>	
<b>Other ethnic group</b>	
<input type="checkbox"/> Arab Any other ethnic group, write in: <input style="width: 300px;" type="text"/>	
<input type="checkbox"/> I prefer not to say	
<b>Language</b> What is your main language?	
<input type="checkbox"/> English <input type="checkbox"/> Other (including sign languages), write in: <input style="width: 300px;" type="text"/>	

**Equality data collection form continued**

<b>How well can you speak English?</b>			
Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>
<b>Religion/belief</b>			
<input type="checkbox"/> No religion <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/> Buddhist <input type="checkbox"/> Agnostic <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> I prefer not to say			
Any other religion/belief, write in:		<input style="width: 100%;" type="text"/>	
<b>Disability</b> Do you consider yourself to have any of the following?			
(Please tick all that apply)			
<input type="checkbox"/> Mental health condition <input type="checkbox"/> Speech impairment <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Cognitive impairment		<input type="checkbox"/> Learning disability <input type="checkbox"/> Long standing illness <input type="checkbox"/> Learning difficulty <input type="checkbox"/> I do not have a disability <input type="checkbox"/> I prefer not to say	
Other, please state:		<input style="width: 100%;" type="text"/>	
<b>Sexual orientation</b>			
This question is for adults and unaccompanied young people over 13 only			
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I prefer not to say			
<b>Sex/Gender</b>			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I prefer not to say			
Please tick if you live and work permanently in a gender other than that assigned at birth. <input type="checkbox"/>			
<b>Caring responsibilities</b>			
Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are you registered with your GP as a carer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Thank you for your cooperation.**

Please contact the Equality and Diversity Department at  
[equalityanddiversity@uhcw.nhs.uk](mailto:equalityanddiversity@uhcw.nhs.uk)  
 if you have any questions about this questionnaire.