



Dear Sir / Madam

Thank you for expressing an interest in becoming a volunteer with Coventry Hospital Radio (CHR) part of University Hospitals Coventry and Warwickshire NHS Trust. CHR is managed by a committee of volunteers and relies on donations to finance the station.

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

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

What is volunteering?

Volunteering is an activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives.

Please note, this is not a work experience placement.

What we look for in a volunteer

- Friendly and approachable
- Caring and a good listener
- 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**

At UHCW NHS Trust we actively encourage and support all staff to be COVID19 vaccinated as this remains the best line of defence to protect patients, colleagues, friends and family members.

What happens next?

To enable us to process your application swiftly, please email the following to volunteers@uhcw.nhs.uk

- Your completed application form and Occupational Health form (pages 3-9)
- Scanned copies of the relevant identity documents (please see DBS checking guidance for more information on page 10) – this will be either 3 or 5 documents
- A copy of your immunisations records for our Occupation Health Department (see page 9) for more information.
- A head and shoulder photo of yourself so that we can prepare an ID badge for you

Upon receipt of your application form, we will contact you to discuss next steps.

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
- Disclosure and Barring Service (DBS) check – formerly known as the Criminal Records Bureau
- Reference checks

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 we 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 office on 02476965146 / 02476965147.

Yours Sincerely

Kristine Davies
Head of Voluntary Services

Information About Coventry Hospital Radio

Coventry Hospital Radio (CHR) members are part of the wider volunteer service operated by the University Hospitals Coventry and Warwickshire NHS Trust. The Management Committee therefore relies on all members to operate to the standards agreed between Coventry Hospital Radio and UHCW NHS Trust.

Members of CHR are responsible for a number of activities including ward visiting and providing live broadcasting. For the first **12 months new volunteers must commence broadcasting with a request show**, based on patient requests. You will be required to visit the wards within University Hospital Coventry to collect requests prior to your show.

All members are required to Ward Visit (exemptions may be agreed on medical grounds or where a member is engaged in other duties on behalf of the Station).

Upon starting with CHR all volunteers will do 4 weeks training on the wards collecting requests.

CHR has a charitable fund with University Hospitals Coventry and Warwickshire Charity (UHCW Charity). Volunteers are required to actively be involved in fundraising events to support the ongoing costs of the station.

The Management Committee hold Member's Meetings at least four times a year. The purpose of these meetings are for members to meet each other, to hear reports from your Management Committee and to share feedback and ideas for improvement. Volunteers are to attend members meetings throughout the year.

As part of the recruitment process you will meet a member of the Management Committee (usually the Secretary) to visit the radio station and for an informal discussion to assess your suitability to volunteer for CHR.

Please see below more information on the roles available:

Programme Presenter

- Visit patients at their bedside and inform them that they can listen to Coventry Hospital Radio free of charge over the Hospedia bedside terminal, online at www.coventryhospitalradio.org or via the CHR app on Alexa and Android devices. Apple app to follow in the near future.
- Collect requests from patients and then announce and play them on air.
- Inform patients that we broadcast 24 hours a day via the mediums listed above.
- Promote our FREE Request line number *800 and inform them how to get a request played on air.
- Assist patients to register themselves on the Hospedia bedside terminal.
- Distribute CHR leaflets and headphones.
- Undertake the Ward Visiting training and Presenter Training programmes.

Request Collector

- Visit patients at their bedside and inform them that they can list to Coventry Hospital Radio free of charge over the Hospedia bedside terminal, online at www.coventryhospitalradio.org or via the CHR app on Android devices. Apple app to follow in the near future.
- Collect requests from patients and inform patients which show they will be played during so that the patient knows when to expect their request to be played.
- Inform patients that we broadcast 24 hours a day via the mediums listed above.
- Promote our FREE Request line number *800 and inform them how to get a request played on air.
- Assist patients to register themselves on the Hospedia bedside terminal.
- Distribute CHR leaflets and headphones.
- Undertake the Ward Visiting training programme.



VOLUNTEER APPLICATION FORM

Please complete this form and return it to:
Voluntary Services Department
Freepost RLZE-GZBZ-AAXJ
University Hospital
Clifford Bridge Road
Coventry
CV2 2DX

Or Email: volunteers@uhcw.nhs.uk
Office Contact No: 024 76965146 / 024 76965147

Person Details:

Full Name:	
Title: Mr / Mrs / Miss / Ms / Other	Address:
Preferred Name:	
Date of Birth:	
I can confirm I am 16 or over <input type="checkbox"/>	Postcode:
Telephone:	Email:
Car registration for free parking:	

Emergency Contact Details:

Name:
Relationship to you:
Contact telephone number:

On a successful application, has UHCW NHS Trust permission to hold these Emergency Contact Details? Yes No

How did you hear about us?

UHCW / CHR Website Volunteer Facebook Other Please write: _____

Do you have any previous experience of voluntary work? Yes No

If yes, please give details:

Have you worked in radio before? (hospital or other) Yes No

If yes, please give details:

How much time (per week) and which part of the day are you able to commit to?

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

Programme Presenter	Request Collector	
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Referees:

Please give the names and contact details of two referees. These should be people who have known you for at least **12 months**. Where possible, please provide one recent work or education reference and one character reference. If this is not possible we can accept two character references. Please note any referee must not be related to you, e.g. your Brother, Aunt, Sister-in-law.

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

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 that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?

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 7 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

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.

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

Equality data collection form

To ensure that we do not directly or indirectly discriminate against individuals or communities it is important for us to gather the following information. All information is confidential and will be used for statistical purposes only.

Date of birth: / /		
Postcode:		
Ethnicity (taken from the 2021 census categories)		
White <input type="checkbox"/> British <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy <input type="checkbox"/> Irish Traveler <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background, write in:	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, write in:	
Black, Black British, Caribbean, African <input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, write in:		
Mixed or multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed or Multiple ethnic background, write in:	Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, write in:	
Religion/belief <input type="checkbox"/> No religion <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant)		
<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"/> Any other religion, write in:	
Disability Do you consider yourself to have any of the following? (Please tick all that apply)		
<input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Other, write in:	<input type="checkbox"/> Learning disability or difficulty <input type="checkbox"/> Long standing illness <input type="checkbox"/> I do not have a disability	
Sexual Orientation <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual		
Sex / Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Please tick if you live and work permanently in a gender other than that assigned at birth		
Caring Responsibilities Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you registered with your GP as a carer?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Thank you for your cooperation.

**PROVIDING OCCUPATIONAL HEALTH SERVICES FOR SOUTH WARWICKSHIRE NHS FOUNDATION
 TRUST
 AND GEORGE ELIOT HOSPITAL NHS TRUST**

**Health Questionnaire – Clinical Staff
 (Patient Contact)**

Section 1 – Employment Details (For completion by the applicant – please refer to offer letter for information)

Employing Trust <i>(please tick)</i>	UHCW	SWFT	GEH	Arden Cluster	OTHER PLEASE INDICATE
Job Title: Volunteer					
Department: Voluntary Services		Full Time Hrs:		Part Time Hrs:	
Recruiting Manager Name: Kristine Davies					
Resourcing/Recruitment Lead: Sukie Dharni / Chelle Manning			Resourcing Contact: Sukie Dharni / Chelle Manning		
Contract Type: <i>(please tick)</i>	Perm	Fixed	Bank	Honorary	Volunteer

Section 2 – Applicant Details (For completion by the applicant)

The information provided by you on the form will remain confidential and will be kept in accordance with Data Protection laws. The Equality Act 2010 requires the Trust to make reasonable adjustments to jobs for reasons of disability.

Title: <i>Mr/Mrs/Miss/Ms/Dr:</i>	Address: <i>(including postcode)</i>	
Surname:		
First name:		
Date of Birth:		Gender:
Maiden / Previous Surname:		
GP & Surgery Address:		
Contact Number:		
Email:		
National Insurance Number:		

Health Questionnaire Guidance

Your appointment to your new role is subject to an assessment of your fitness to work. The purpose of the assessment is to:

- Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.
- To enable your employer to identify any adjustments to your work that may make life easier for you.

Some health problems can affect the ability of any worker to effectively and safely do their job. Adjustments can usually be put in place to overcome such difficulties. The types of health problems that can affect workers may include:

- Problems with standing, bending, walking and lifting, and spinal and joint problems if the work requires a lot of manual handling / moving and handling
- Some medications if they cause side effects such as drowsiness or immunosuppression
- Conditions that may cause sudden loss of consciousness e.g. epilepsy or insulin dependent diabetes
- Mental health problems or/and drug & alcohol misuse
- Allergies, particularly latex
- Skin problems especially affecting the hands as some workers have to wash their hands very frequently
- Eyesight problems not corrected by glasses or hearing difficulties.

Section 3 – Health Questionnaire (For completion by the applicant)

<i>Please read the following questions carefully; answering the questions by ticking YES or NO</i>		Yes	No
1	Do you have any health conditions or disabilities which might impair your ability to undertake effectively the duties of the position which you have been offered and which might require special adjustments to your work or place of work?		
2	Have you ever had any illness/impairment/disability which has been caused or made worse by work?		
<u>Covid-19 Screening</u>			
3	<p>a) Do you have a health condition affecting your immunity?</p> <p>b) Do you have a health condition related to the following: cardiac, respiratory, immunosuppressants, cancer, diabetes, renal, liver disease, pregnant, gastrointestinal, neurological, other long term condition or BMI over 40.</p> <p>Please state your ethnicity</p>		

If you have answered **YES** to Q3 please provide further details in the space provided. Please attach extra sheets if necessary.

Immunisation / Screening

The Department of Health (2007) recommends that all NEW clinical healthcare workers have hepatitis B immunisation and provide evidence of their TB status. Any employee who may be exposed to blood or body products is strongly advised to undergo immunisation against Hepatitis B.

Clinical Management (Tuberculosis & measures for its prevention & control – Nice 2011)	Yes	No
Is this your first employment within the NHS?		
Have you lived outside the UK for 3 months or more?		

If YES please list all of the countries that you have lived in with the dates:

Do you have any of the following:	Yes	No
A cough which has lasted for more than 3 weeks?		
Unexplained weight loss?		
Unexplained fever?		
Have you had tuberculosis (TB), TB treatment or been in contact with open TB?		

If YES, please give details and provide copies of any TB blood test/skin test results

Do you have a sensitivity to latex?		
Do you have any allergies?		
<i>If YES, please give details:</i>		

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Have you ever had chicken pox?		
Have you ever had a positive test for a blood borne virus including Hepatitis B, C or HIV? <i>If YES, please attach the results of the blood tests to this questionnaire.</i>		

Submission of Immunisation Records and/or Laboratory Reports

Please attach copies of the following immunisation records and/or laboratory reports:

- Documentation from an Occupational Health Practitioner of BCG(TB) scar, TB skin test result (Heaf or Mantoux, IGRA blood test or documentation of receiving a BCG vaccination
- If you have **not** had the chicken pox infection, please include documentary evidence of a varicella (chicken pox) blood test result or course of varicella vaccinations received
- Documentation of receiving two MMR vaccinations or documentation of measles and rubella (German measles) blood test results
- Documentation of Hepatitis B vaccinations received, including booster doses and a copy of your Hepatitis B immunity blood test result

Please note - If records/laboratory reports are not available you will be tested for some or all of the above as necessary by Occupational Health and this will result in a delay in your health clearance.

Exposure Prone Procedure (EPP) Workers

Those workers undertaking exposure prone procedures (EPP) i.e. doctors, dentists, midwives, A&E and Theatre Nurses, must provide written evidence of non-infectivity to Hepatitis B. Further evidence is required for Hepatitis C (if EPP first undertaken since 2002) and HIV (if EPP first undertaken since 2007) prior to commencing in post. If results are not available you will be tested by Occupational Health and health clearance for EPP work will be delayed until these are results are processed. To comply with the Department of Health's standard for Identified Valid Samples (IVS) you will be asked to show formal photographic ID i.e. valid driver's licence, passport or NHS ID, for this procedure.

If your post involves undertaking EPPs please specify what year you qualified or first began undertaking these procedures: YEAR: _____

Renal Units: Although Renal Staff do not undertake exposure prone procedures, specific guidelines apply and Hepatitis B Surface Antigen testing is required.

Section 4 – Declaration and Consent (For completion by the applicant)

I certify that the information I have given is true to the best of my knowledge and I understand that any deliberate material inaccuracy may result in disciplinary action being taken which could result in the termination of my employment contract.

For electronically completed forms, completing the signature section will act as a confirmed declaration.

Print Name: _____

Signature: _____	Date: _____
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Once completed, please return this form via email to occupationalhealth@uhcw.nhs.uk

Following review by the Occupational Health Team; you may be contacted by phone or you may be invited to attend an appointment with an Occupational Health Nurse or Physician. Occupational Health will also ensure that your immunisations are up to date and that you have the appropriate cover to commence work.

Once the health assessment is complete the Occupational Health Service will report back to The Resourcing Team with your consent advising on your fitness to undertake the role and outlining any necessary adjustments.

Disclosure Barring Service (DBS) Checking Guidance

Can the Applicant Produce a Group 1 Document?	
Yes – Follow Route One	No – Follow Route Two
Route One	
<p>The applicant must be able to show:</p> <ul style="list-style-type: none"> • One document from Group 1 and • Two further documents from Group 1, or Group 2a or 2b; one of which must show the applicant's current address. 	
Route Two	
<p>If the applicant doesn't have any of the documents in Group 1, then they must be able to show:</p> <ul style="list-style-type: none"> • One document from Group 2a; and • Two further documents from either Group 2a or 2b. At least one of the documents must show the applicant's current address. 	

Group One - Primary Identity Documents
<ul style="list-style-type: none"> • Current valid Passport. • Biometric Residence Permit (UK) • Current valid Driving Licence (Full or provisional) UK, Isle of Man, Channel Islands and EU • Birth Certificate (issued within 12 months of birth) UK, Isle of Man and Channel Islands – including those issued by UK authorities overseas, for example embassies, High Commissions and HM Forces • Adoption Certificate UK and Channel Islands
Group 2a – Trusted Government Documents
<ul style="list-style-type: none"> • Current valid Driving Licence Photo card – (full or provisional) All countries outside the UK (excluding Isle of Man and Channel Islands) • Current valid Driving Licence (full or provisional) – paper version (if issued before 1998) UK, Isle of Man and Channel Islands • Birth Certificate - issued after the time of birth UK, Isle of Man and Channel Islands • Marriage/Civil Partnership Certificate UK and Channel Islands • HM Forces ID Card UK • Fire Arms Licence UK, Channel Islands and Isle of Man
Group 2b – Financial/Social History Documents
<ul style="list-style-type: none"> • Mortgage Statement (UK) issued in the last 12 months • Bank/Building Society Statement (UK and Channel Islands) issued in the last 3 months • Bank/Building Society Statement (Countries outside the UK) issued in the last 3 months – branch must be in the country where the applicant lives and works • Bank/Building Society Account Opening Confirmation Letter (UK) issued in the last 3 months • Credit Card Statement (UK) issued in the last 3 months • Financial Statement - e.g. pension, endowment, ISA (UK) issued in the last 12 months • P45/P60 Statement (UK & Channel Islands) issued in the last 12 months • Council Tax Statement (UK & Channel Islands) issued in the last 12 months • Letter of Sponsorship from future employment provider (Non-UK only – valid only for applicants residing outside of the UK at time of application) Must still be valid • Utility Bill (UK) – Not Mobile Telephone – issued in last 3 months • Benefit Statement - e.g. Child Benefit, Pension (UK) issued in last 3 months • Central or Local Government, Government Agency or Local Council document giving entitlement - e.g. from the Department for Work and Pensions, the Employment Service, HMRC - (UK & Channel Islands) issued in the last 3 months • EEA National ID Card – must still be valid • Irish Passport Card – Cannot be used with an Irish Passport – must still be valid • Cards carrying the PASS accreditation logo - (UK, Isle of Man and Channel Islands) – must still be valid • Letter from Head Teacher or College Principal – (UK) – for 16-19 year olds in full time education – only used in exceptional circumstances if other documents cannot be provided – must still be valid