Thank you for applying for a volunteer role with Healthwatch Brighton.

Please return the completed form to office@healthwatchbrightonandhove.co.uk
or Healthwatch Brighton and Hove, 113 Queens Road, Brighton BN1 3XG.

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| --- |
| Personal Details |
| Name |  |
| Address |  |
| Email |  |
| Home Phone |  | Mobile Phone |  |

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| Which volunteer role are you applying for? |
| Please state more than one if you haven’t decided which you want to do yet.  |
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| References |
| Please give the names and addresses of two referees. You may use anyone who has known you for at least a year in a personal or professional capacity, but should not a member of your family or someone you live with. |
| Referees | **1** | **2** |
| Name |  |  |
| Address |  |  |
| E-mail |  |  |
| Phone |  |  |
| Relationship |  |  |

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| Personal statement |
| Please say why you want to volunteer with us, and why you think you have the skills, abilities, attributes and experience for the role.  |
| *(feel free to continue on an extra sheet)* |

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| Support Needs |
| We welcome applications from all sections of the community. Please let us know of any particular kind of support you may need to enable you to carry out the volunteer role effectively, so we can to make any necessary adjustments.  |
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| Do you consider yourself to have a disability?  | Yes | No |

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| Important Information |
| To comply with our legal obligations we will need to see proof of your home address and right to work in the UK. This may be from a driving licence, passport, visa documents, utility bill or other suitable document. We will ask you to bring these in to show us before you can start volunteering. Depending on your role, you may be required to undergo a Disclosure and Barring Service (DBS) check as some of our roles involve working with vulnerable adults. We are able to accept an existing DBS certificate if it is for volunteering in a similar role with another trusted organisation. If that’s the case we will ask you to bring the certificate in for verification.  |

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| Declaration |
| The information I have given on this form is true and accurate to the best of my knowledge, and I have given it on the understanding that it will be used, in confidence, only for the purpose of my application to become a volunteer for Healthwatch Brighton and Hove. *Note: If you are sending this form electronically we do not require a signature.* |
| Date |  |
| Name |  |
| Signature |  |

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