

Volunteer Therapist Application Form

Please complete in block capitals, all information is confidential.

1) Your Details

Title: _____

First Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

*Email: _____

**By giving us your e-mail address you are opting to be contacted by e-mail.*

2) Next of Kin

Title: _____

First Name: _____

Surname: _____

Relationship: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

3) Have you recently been bereaved (in the last 2 years)? If so how long ago?

4) Please detail your employment: present/previous (use additional paper if required)

5) Previous Voluntary Experience (if any)

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6) Complementary Therapy Details:

What complementary therapies do you practice?

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Complementary Therapy Qualifications

Date	College/Institution	Qualification gained

Post Graduate Training:

Date	College/Institution	Qualification gained

Professional Membership details:

Professional Insurance details:

Please give details below of your complementary therapy experience:

7) Please state below your reasons for volunteering for Primrose Hospice:

8) Please provide TWO references (these should not be relatives and at least one should be relevant to your complementary therapy practice.):

Reference 1

Title:	_____	First Name:	_____
Surname:	_____	Relationship:	_____
Address:	_____		
		Postcode:	_____
Telephone:	_____	Mobile:	_____
Email:	_____		

Reference 2

Title:	_____	First Name:	_____
Surname:	_____	Relationship:	_____
Address:	_____		
		Postcode:	_____
Telephone:	_____	Mobile:	_____
Email:	_____		

9) Before beginning work as a therapist you would be required to complete an induction specific to complementary therapy as well as a volunteer induction. You may be required to attend for training specific to the role.

Are you available to attend a training/induction course? YES " NO "

10) Disclosure and Barring Service check (previously CRB)

Volunteers working within or entering the Hospice Buildings will need to undergo a Disclosure and barring service check (previously CRB). This will involve producing at a later date certain personal documents for verification by an authorised member of Hospice staff. If you already hold one, we will need your permission to verify details.

11) Do you have any Criminal Convictions? YES " NO "

If yes please give details and dates:

Conviction: _____	Date: _____
Conviction: _____	Date: _____
Conviction: _____	Date: _____

12) Primrose Hospice would love to keep in touch with you

We would like to keep you informed about our work and the many different ways you can support us, we will keep your details on file and will on occasion send direct mail. Please indicate below all the additional methods for how we can keep in touch with you:

Email Phone Text

Please tick here if you do not wish to receive anything from us

I would like to find out more about:

Primrose Hospice events

News and updates via Primrose newsletters

Ways that I can remember Primrose in my Will

Any other (please let us know below)

We promise to hold your data in the strictest confidence and we will not share it with any third party. For more information about our full privacy policy please visit <https://primrosehospice.org/about-us/contact-us/privacy-policy/> of contact us at info@primrosehospice.org

13) Declaration

I declare that this information is, to the best of my knowledge, true and correct, and that if I am accepted as a Volunteer with Primrose Hospice I agree to abide by the rules laid down concerning the duties of a volunteer. I understand that this voluntary work is of a confidential nature and I undertake not to breach this confidentiality.

Signed: _____

Date: _____

Once you have complete this form, please return this form to:

Julie Guest
Complementary Therapy Coordinator
Primrose Hospice
St. Godwalds Road
Bromsgrove B60 3BW

Please call or email Julie on 01527 889799/Julie.guest7@nhs.net if you need any assistance with this form