**Logo

Description automatically generatedPrevent Breast Cancer Volunteers Application Form**

Prevent Breast Cancer charity is based at The Nightingale Centre at Wythenshawe Hospital. This hospital is part of the Manchester University NHS Foundation Trust, and therefore the information you share in this applications will be shared with Manchester Foundation Trust (MFT).

Thank you so much for applying to become a volunteer for Prevent Breast Cancer. If you have any questions, please contact our Volunteer Coordinator **Sheila** on [sheila@preventbreastcancer.org.uk](mailto:sheila@preventbreastcancer.org.uk) or call 0161 291 4400.

**About You**

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Preferred Name |  |
| Date of Birth |  |
| Address |  |
| Email Address |  |
| Contact Telephone Number |  |
| National Insurance Number |  |

|  |  |
| --- | --- |
| I am able to volunteer for one two-three hour session per week over a minimum period of approximately 12 months?  Please circle | Yes  No |
| If you are unable to volunteer weekly, please state the reason why |  |
| Where did you first hear about Volunteering at MFT? |  |
| Are you related to a staff member currently working at Manchester University Foundation Trust? | Yes  No |
| Please confirm the hospital site you wish to apply for: | The Nightingale Centre, Wythenshawe Hospital |
| What volunteer role would you like to carry out? |  |
| Is there an area of the hospital you would look to volunteer in? Please state here: |  |

|  |  |
| --- | --- |
| Why do you want to become a volunteer?  Please include as much information as possible, in order for your application to be processed. |  |
| Do you have any previous volunteering experience?  If yes, please explain what your role involved and who you volunteered with.  If not, please tell us a time when you supported someone – what did you do? |  |
| Describe some of the skills that you feel would be useful when volunteering at MFT? Please provide examples of where you have used the skills before. |  |

|  |  |
| --- | --- |
| References | |
| I understand that two references are required before my application is shortlisted. |  |
| Parental Consent: | |
| I understand that parental consent is required before my application is to be shortlisted if I am under 18. |  |

**Rehabilitation of Offenders Act**

|  |  |
| --- | --- |
| Are you currently bound over or do you have any current ‘UNSPENT’ convictions, cautions, reprimands or final warnings that have been issued by a Court or Court-Martial in the UK or in any other country. *Please circle.* Yes No | |
| If Yes, please provide details |  |
| Have you been dismissed from work at any time?  *Please circle* Yes No | |
| If Yes, please provide details |  |
| Have you at any time been withdrawn from a volunteering opportunity? *Please circle*  Yes No | |
| If Yes, please provide details |  |

**Right to Work**

|  |  |
| --- | --- |
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? | Yes  No |
| If you have answered no, you must answer these questions. | |
| Please circle the category that relates to your current immigration status. This status will be subject to checking before interview.  Attachment Visa Refugee Visitor Highly Skilled Migrant Programme Indefinite leave to remain/enter  Tier 1 Work Permit Tier 2 Dependant Spouse Visa Tier 4 Student Post Graduate Doctors and Dentists  Tier 5 Temporary Workers Tier 5 Youth Mobility Clinical Working Holiday Visa  Other, please state | |
| Please specify details of Visa currently held | |
| Visa Number |  |
| Visa Start Date |  |
| Visa Expiry Date |  |
| Does your visa have a condition restricting employment or occupation in the UK? |  |

**Equal Opportunities and Diversity Monitoring**

|  |  |
| --- | --- |
| Gender: *Please circle* | Female Male Non-Binary |
| Do you speak any languages other than English?  If yes, please specify |  |
| Are you in good health?  If no, please provide details |  |
| Do you have a disability? The voluntary services team will provide reasonable adjustments for any disabled applicants. If you wish to disclose any further information, please do so: | |
| Please state your nationality |  |
| Please circle your Ethnic Origin  Asian or Asian British – Bangladeshi Asian or Asian British – Indian Asian or Asian British – Other  Asian or Asian British – Pakistani Black or Black British – African Black or Black British – Caribbean  Black or Black British – Other Mixed – Any other mixed background Mixed – White & Asian  Mixed – White & Black African Mixed – White & Black Caribbean Other Ethnic Group – Chinese  Other Ethnic Group – Other Other Ethnic Group – Arab Other Ethnic Group – Gypsy/Traveller  White – British White – Irish White – East European I do not wish to disclose my ethnic origin | |
| Please circle which apply to you:  I am a…. | Carer Employed Full Time Employed Part Time  Jobseeker Retired Student  Unemployed |

**Please return to your preferred hospital site:**

|  |  |  |
| --- | --- | --- |
| Volunteer Services  Oxford Road Campus, Manchester M13 9WL  Tel: 0161 276 5190 (Manchester)  Email: Volunteer.services@mft.nhs.uk | Volunteer Services  North Manchester General Hospital, Crumpsall, M8 5RB  Tel: 0161 604 5892  Email: volunteers.nmgh@mft.nhs.uk | Volunteer Services  Wythenshawe Hospital, Southmoor Road, M22 9LT  Tel: 0161 291 2939  Email: volunteeringcentre@mft.nhs.uk |