Belfast Trust Volunteering



Everyone has a meaningful opportunity to volunteer to make a difference in improving people's experience of health and social care within the Belfast Trust.

Volunteers play a crucial role across a number of Trust locations. The care and attention they provide complements the services provided by our front line clinical and nursing staff.

By giving over some of your spare time, you can make a big difference to people’s lives. There are also potential benefits for you, including greater confidence, being part of a community, learning new skills and meeting new people.

Who can volunteer?

You don’t need any previous experience to become a volunteer. You must be at least 17 years old, but there is no upper age limit.

Volunteers typically volunteer around 3-4 hours per week and we ask for a commitment of at least 9 months to Volunteering.

We want people with qualities such as reliability, honesty, good interpersonal skills, ability to work as part of a team.

We also welcome volunteers who can use sign language or speak another language.

Volunteering Application Process

The recruitment process to Volunteer can take 6-8 weeks. The process includes:

*Access NI check / Two references required / Occupational Health Screening*

Applicants will be referred to Occupational Health for basic health screening. Occupational Health will issue a health questionnaire for completion and an appointment will be arranged at Musgrave Park Hospital.

**Language Requirements**

For effective communication and to ensure a positive experience for all involved, volunteers are required to have a basic knowledge of English.

This should include the ability to communicate effectively, have speaking and listening skills to engage in basic conversation and the ability to read and understand simple texts.

*\*Please note: We will hold your application for 6 months. In the event that a suitable Volunteer role does not arise to meet your requirements, we will withdraw your application. This will not affect your ability to apply again for roles in future.*



VOLUNTEER APPLICATION FORM

Your personal details

Title:

First Name:

Surname:

Any previous names:

DOB:

Address:

Postcode:

Email Address:

Contact Number/s:

Do you have a current driving licence? Yes/No (delete as appropriate)

Do you have access to a vehicle? Yes/No (delete as appropriate)

Would you consider yourself to have a Disability? Yes/No (delete as appropriate)

**\*Under the Equality Act 2010, you are disabled if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities**

Are you:

Employed Unemployed Student Homemaker

x

x

Retired Other

Is there any reason why you cannot take up a regulated role?  This is covered within the Access NI code of practice. To review the code of practice please click the link <https://www.nidirect.gov.uk/publications/accessni-code-practice>

Yes/No (delete as appropriate)

I understand that in order to take up this role I must have satisfactory Access NI checks (if applicable).

Agree/Disagree (delete as appropriate)

Have you been convicted of any criminal offences, cautions or bound overs, or pending cases against you? YES/NO (delete as appropriate)

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience**

Why I would like to Volunteer is:

Is there any additional information about your background or previous experience which you feel would be in support of your application?

**Availability**

Please indicate below when you are available, via tick box:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Volunteer Area of Interest**

Please indicate below selection via tick box:

|  |  |
| --- | --- |
| Mater Infirmorum Hospital | Royal Victoria Hospital |
| Belfast City Hospital | Musgrave Park Hospital |
| Cancer Services | Day Centres |
| Wellbeing & Treatment Centres | South & East Community |
| North & West Community |  |

**SECTION E: References**

Please give the name and contact details of two suitable referees. At least one should have knowledge of any previous work you may have undertaken, or if never employed, ideally someone that knows you in an educational or professional capacity. (Not: Relatives, In-Laws or Close Friends)

**Referee 1**

Name:

Occupation/Relationship to You:

Address:

Postcode:

Contact Number:

Email Address:

**Referee 2**

Name:

Occupation/Relationship to You:

Address:

Postcode:

Contact Number:

Email Address:

**SECTION F: Declaration**

Personal Declaration:

*I declare the information on this form to be true and complete. I understand any wilful mis-statement or omission renders me liable to disqualification for voluntary work. I also understand that the appointment as a voluntary worker is subject to satisfactory references/vetting and Health Check. I confirm to the best of my knowledge there is no medical reason that would prevent me from undertaking the position of volunteer worker and, if successful, can commit a* ***minimum of 9 months*** *to my voluntary work.*

*Signature: Date:*

Please return completed form to:

Volunteer Services Department

Musgrave Park Hospital

1st Floor, McKinney House

Stockman’s Lane

Belfast, BT9 7JB

Tel: 02895044195

Email: VolunteerRecruit@belfasttrust.hscni.net