

APPLICATION FORM

TO VOLUNTEER FOR A NORTHERN CLEFT FOUNDATION OUTREACH

Please complete the form in full and return via email/post

1. YOUR DETAILS

Title: Dr Mr Mrs Miss Ms

Forenames:

Surname:

Address:

Postcode: Home Tel:

Date of Birth: Mobile:

Email:

2. PROFESSIONAL AREA OF INTEREST

Please tick job description as appropriate

Doctor: Surgeon Anaesthetist
 Consultant SpR
 Surgical SpR: Specialty Year of Specialist Training

Nurse: ODP Recovery nurse Ward nurse Anaesthetic nurse
 Scrub nurse

Volunteer / Student: Medical Student Dental Student General Volunteer

3. QUALIFICATIONS, PERSONAL SKILLS AND EXPERIENCE

Please describe any skills that you have that may be of benefit to the NCF:

4. PERSONAL REFERENCES

Please give details of two people (other than relatives) that we can approach for references who are able to comment on your suitability as a volunteer:

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Tel:	<input type="text"/>	Tel:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Position Held:	<input type="text"/>	Position Held:	<input type="text"/>

5. CRIMINAL CONVICTIONS

We work with children, and therefore, as part of our Safeguarding Policy volunteers working with the NCF may be required to complete a Disclosure and Barring Service [DBS] check. As part of this check you must declare if you have any unspent criminal convictions, cautions, reprimands or warnings. Any information given will be treated in the strictest of confidence.

“ I declare that I am NOT currently the subject of any police investigation and/or prosecution in the United Kingdom or any other country. I declare that I have not been convicted of any criminal offence required by law to be disclosed in the UK or any other country. I declare that I am not currently the subject of any investigation by a regulatory body having a function in relation to health/social care professions, including such a regulatory body in another country. ”

Yes No

If you have ticked the No box please list all your criminal convictions, cautions and reprimands, including the date, offence and sentence details.

I have a DBS (formerly CRB) certificate dated within the last three years.

Yes No

If No, I agree to a DBS check by the charity.

Yes No

6. FITNESS TO PRACTICE

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or any other country?

Yes No

Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practice committee or a licensing or regulatory body in the UK or any other country?

Yes No

Signature of Applicant Date