

Coventry Hospital Radio
5th Floor, East Wing
UHCW NHS Trust
Clifford Bridge Road
Walsgrave
Coventry
CV2 2DX



Dear

Thank you for expressing an interest in becoming a volunteer with Coventry Hospital Radio, a subsidiary of University Hospitals Voluntary Services. As a subsidiary CHR is run by an elected committee and relies totally on donations to finance the station. An annual membership fee is payable each year, at present this is £20.00 per year, (£10.00 for students, retired and those in receipt of benefits).

Coventry Hospital Radio provides a service to the patients throughout UHCW and values the involvement of local people as volunteers in activities that enhance the quality of the service we provide for our listeners.

Your offer of voluntary help is very much appreciated and if you join us you can be assured of a warm welcome to the Coventry Hospital Radio team.

Before completing the application form, please see below further information about volunteering for us.

What we look for in a CHR volunteer

Volunteering with Coventry Hospital Radio can offer a great opportunity to give something back to your local community but it should not be viewed as a work or an educational Placement.

Volunteering is defined as “An activity that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than, or in addition to, close relatives.” (Volunteering England’s “The Compact Code of Good Practice on Volunteering”).

To be a volunteer with CHR you need to be able to commit to the role fully and ensure you are the right type of person to volunteer in a hospital radio environment.

Coventry Hospital Radio Volunteers need to be:

- Friendly and approachable
- Caring and good listeners
- Comfortable approaching people to offer help
- Able to work independently and use initiative after initial training period
- Emotionally mature and able to stay calm in difficult situations
- Adaptable
- Able to offer a regular weekly commitment to CHR for at least **12** months.

CHR Volunteer responsibilities

Each role within Coventry Hospital Radio has a specific list of duties that the volunteer can undertake, however all volunteers must also:

- Be polite, courteous and respectful to others
- Know the hospital layout and be a source of information
- Wear the Trust volunteer ID badge appropriately
- Adhere to the Coventry Hospital Radio code of conduct
- Promote a positive image of CHR, the hospital, staff and voluntary services
- Uphold the values of the Trust.

If you feel you have what it takes to become a volunteer with Coventry Hospital Radio, please complete the enclosed application form, supporting information and equality data collection form and return it to the freepost address provided at the top of the form. Please note we are unable to accept your application without all sections complete.

What happens next?

On receipt of your application you will be asked to come in to the CHR studio for an informal meeting with one of our committee members to discuss suitability to join the CHR team.

If you are found suitable two references will be requested (one professional and one character) Your references should not be from anyone related to you and should be UK based references.

Upon receipt of two references you will be contacted by Kristine Horne or Sukie Dharni from Voluntary Services to arrange an informal meeting to discuss your application further.

In accordance with the NHS Employment Check standards that apply to all applicants for NHS positions and staff in ongoing NHS employment, which includes volunteers, we will request the required level of Disclosure and Barring Service check as part of the recruitment process. The form will be completed during your informal meeting.

The Disclosure and Barring Service was formed from the merger of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA). If you are a member of the DBS Update Service please inform the Voluntary Services Department as we may be able to carry out a Status Check on you.

I look forward to meeting you soon. Should you have any queries in the meantime, please do not hesitate to contact the office on 02476965146 / 02476965147.

Yours Sincerely



Gary Davies
CHR Members Secretary

Coventry Hospital Radio

Your Friend At The Bedside

Application for Membership

Please return form to:

Voluntary Services Department
Freepost RLZE-GZBZ-AAXJ
University Hospital
Clifford Bridge Road
Coventry
CV2 2DX



www.coventryhospitalradio.org

Personal Details:

Title:	Address:
Surname:	
First Name(s):	
Date of Birth:	Postcode:
Telephone:	Email:

Emergency Contact Details:

Name:
Relationship to you:
Contact telephone number:

How did you hear about us?

NHS/CHR Website Voluntary Action College/University Volunteer

Other: Please state. _____

Are you currently studying at School, College or University? Yes No

Have you worked in radio before? (hospital or other) If so please give details

How much time (per week) and which part of the day are you able to commit to hospital radio?

Reason(s) for wanting to become a hospital radio volunteer

- | | |
|--|--|
| <input type="checkbox"/> To give something back to the community | <input type="checkbox"/> To help your local hospital |
| <input type="checkbox"/> A means of meeting new people | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> For a new experience | |

Please indicate which activities you are most interested in at Coventry Hospital Radio.

Programme Presenting Request Collecting Librarian

Referees:

Please give the names and contact details of two referees. These should be people who have known you for at least **2 years**. They must not be related to you, e.g. your Brother, Aunt, Sister-in-law, but should be someone who can tell us about you as a person e.g. your tutor, your neighbours, your current or previous employer:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Tel:	Tel:
Email:	Email:
How does the referee know you? (e.g. manager, tutor)	How does the referee know you? (e.g. manager, tutor)

The Trust undertakes to discuss any information revealed in a Disclosure with the person seeking voluntary work before withdrawing a conditional offer from volunteering.

Having a criminal record will not necessarily bar an ex-offender from volunteering with the Trust. This will depend on the nature of the position and the circumstances and background of the offence.

Rehabilitation of Offenders Act 1974

In order to protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) order, 1975. It is not, therefore **IN ANY WAY CONTRARY TO THE ACT** to reveal any information you may have concerning convictions which would otherwise be considered as “spent” in relation to this application. Any such information will be kept in strict confidence, and used only in consideration of your suitability for this post.

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? Yes No

If yes, please give details: _____

Does your name appear on the Protection of Children Act List? Yes No

Does your name appear on the Protection of Vulnerable Adults List? Yes No

Are you a member of the Disclosure & Barring Service (DBS) update service? Yes No

Commitment: We hope that you can volunteer for a long period of time and we will supply references after you have been with us for 6 continuous months. Volunteers automatically become a member of University Hospitals Voluntary Services and are entitled to vote at our Annual General Meeting after your 18th birthday.

Confidentiality: Under no circumstances will I divulge or pass on to any unauthorised person(s); any matters of a confidential nature including information relating to diagnosis and treatment of patients, staff and volunteers. I understand that if I breach confidentiality or do not conduct myself in an appropriate manner my voluntary work may be terminated.

Leaving the Trust: Volunteers are asked to inform a CHR Committee Member and Voluntary Services Department if they decide to stop volunteering.

I declare that the information given on this form is accurate to the best of my knowledge and that the voluntary placement offered will be subject to the information on this form being correct.

Signed: _____ Date: _____

Equality data collection form

UHCW NHS Trust is committed to delivering services that are fair and accessible for all of our communities. To ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information.

All information is confidential and will be used for statistical purposes only.
You do not have to answer any of these questions, but we would be very grateful if you would.

Date of birth: ___/___/____	<input type="checkbox"/> I prefer not to say
Postcode:	<input type="checkbox"/> I prefer not to say
Race (taken from the proposed 2011 census categories)	
White	
<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British	
<input type="checkbox"/> Irish	
<input type="checkbox"/> Gypsy or Irish Traveller	
Any other White background, write in: _____	
Mixed/ multiple ethnic groups	
<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> White and Black African	
<input type="checkbox"/> White and Asian	
Any other mixed/multiple ethnic background, write in: _____	
Asian/ Asian British	
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Chinese	
Any other Asian background, write in: _____	
Black/ African/ Caribbean/ Black British	
<input type="checkbox"/> African	
<input type="checkbox"/> Caribbean	
Any other Black/ African/ Caribbean/ Black British, write in: _____	
Other ethnic group	
<input type="checkbox"/> Arab	
Any other ethnic group, write in: _____	
<input type="checkbox"/> I prefer not to say	
Language What is your main language?	
<input type="checkbox"/> English	
<input type="checkbox"/> Other (including sign languages), write in: _____	

Equality data collection form continued

How well can you speak English?			
Very well <input type="checkbox"/>	Well <input type="checkbox"/>	Not well <input type="checkbox"/>	Not at all <input type="checkbox"/>
Religion/belief			
<input type="checkbox"/> No religion			
<input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)			
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Agnostic	<input type="checkbox"/> Sikh	<input type="checkbox"/> Muslim
<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> I prefer not to say	
Any other religion/belief, write in:		<input type="text"/>	
Disability Do you consider yourself to have any of the following? (Please tick all that apply)			
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning disability		
<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Long standing illness		
<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Learning difficulty		
<input type="checkbox"/> Sensory impairment	<input type="checkbox"/> I do not have a disability		
<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> I prefer not to say		
Other, please state:		<input type="text"/>	
Sexual orientation			
This question is for adults and unaccompanied young people over 13 only			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> I prefer not to say			
Sex/Gender			
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> I prefer not to say	
Please tick if you live and work permanently in a gender other than that assigned at birth. <input type="checkbox"/>			
Caring responsibilities			
Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are you registered with your GP as a carer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Thank you for your cooperation.

Please contact the Equality and Diversity Department at equalityanddiversity@uhcw.nhs.uk if you have any questions about this questionnaire.