**Please complete and return to:**

**info@healthwatchrotherham.org.uk**

|  |
| --- |
| **Full Name** |
| **Landline No.** | **Mobile No.** |
| **Address:****E-Mail:****How would you prefer to be contacted? email / post / text / call / don’t mind** |
| **Where did you hear about volunteering for Healthwatch Rotherham ?** |
| **How long have you lived/worked or received services in Rotherham ?** |
| **Please list the experience and qualifications you hold: ( Please note you will not be disadvantaged if you do not have any qualifications)** |
| **Please provide details on why you want to become a member of Rotherham Healthwatch:** **Do you consider yourself disabled? Yes / No****If yes, please tell us about any additional support you will need in order to volunteer with us:** |
| **Please outline any voluntary experience you have :** |
| **Please use this space to let us know any other information you feel will support your application:**   |

**When could you volunteer? *(Please tick)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning  |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Late  |  |  |  |  |  |  |  |

|  |
| --- |
| **If you have specific dates or routines where you are not available which need to be considered please let us know below:** |

If you can, please give at one or more **independent referees** who would supply a character reference for you (not relatives) If you do not have any referees, please write NONE

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Tel. no. | Tel. no. |
| Email | Email |

Thank you very much for your interest. Please note, we will try to find you a suitable role and cannot always guarantee it. Some volunteering jobs may also be subject to a satisfactory Disclosure and Barring Service Criminal Records check.

DATA PROTECTION STATEMENT

Citizens Advice Rotherham and District who hold the current contract for Healthwatch Rotherham will process and be in control of the data and any personal data provided on this form.

The information which you provide in this form and any other information or personal data obtained or provided during the course of your volunteering with us will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our business which includes contacting you, or emailing you information that provides information about Healthwatch activities and making arrangements with you regarding volunteer opportunities.

If you choose not to accept any offer of a voluntary role that we make, the information will be retained for a further 2 years in the event of a more suitable opportunity arising, after which time it will be destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner if you consider that we have not conformed with these requirements.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed: Date