

## Volunteer Registration Form

Thank you for your interest in volunteering for Hands Up for Health. To register, please complete **ALL** sections of this form in **BLOCK CAPITALS** and submit it by post or email to:

**St Thomas House SaIL (Simulation and Interactive Learning) Centre**

1st Floor, St Thomas House, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH  
Telephone: 020 7188 4802 Email: [handsupforhealth@gstt.nhs.uk](mailto:handsupforhealth@gstt.nhs.uk)

All information you provide on this form is confidential and will not be passed on without your permission. Guy's and St Thomas' NHS Foundation Trust complies fully with current Data Protection and Freedom of Information legislation.

***Thank you for giving your time generously to support Hands Up for Health***

<b>INFORMATION ABOUT YOU</b> <i>(you may be asked to provide proof of identification)</i>			
This information is used to keep in contact with you and to provide statistical information about the range of people who volunteer. <b>We will usually contact you via email, so please give an email address you check regularly.</b>			
Title:		Date of birth:	
Full Name:		Home Address:	
Email:			
Mobile:			
<b>CURRENT OCCUPATION STATUS</b> <i>(you may be asked to provide evidence)</i>			
Status:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
Occupation:			<input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical
Grade/Band <i>(or year of study):</i>		Specialty <i>(if applicable):</i>	
Full name of current employer/ place of study:	<input type="checkbox"/> Guy's and St Thomas' NHS Foundation Trust <input type="checkbox"/> King's College Hospital NHS Foundation Trust <input type="checkbox"/> South London and Maudsley NHS Foundation Trust <input type="checkbox"/> King's College London <input type="checkbox"/> Other <i>(must state)</i> _____		
Start of contract/study:	(DD/MM/YYYY)	End of contract/study:	(DD/MM/YYYY)

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**Membership / Registration with Professional Bodies:**

Name of professional body	Level / type of membership	Registration number	Renewal date

Please describe your level of clinical simulation experience (*this can be as a learner and/or as faculty*):

**DISCLOSURE OF CRIMINAL CONVICTIONS – REHABILITATION OF OFFENDERS ACT 1974**

Have you received a satisfactory DBS (Disclosure and Barring Service, formally CRB) **Enhanced Disclosure** certificate for your **current post**?  Yes  No

If yes, please provide DBS Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Issuing or registered person/body: \_\_\_\_\_

If you do not currently hold a valid DBS certificate (no more than 3 years old) you are required to disclose all convictions, cautions, reprimands or final warnings, including those that have become spent. For motoring convictions please only answer yes if it resulted in disqualification. (*Note: The presence of a criminal record will not necessarily exclude you from working with Hands Up for Health. Each case will be treated individually.*)

Please make the following declaration and mark the appropriate box:

I have nothing to declare  I have information to declare (*please state details*)

**SAFEGUARDING TRAINING** (*you may be asked to provide evidence*)

Have you completed safeguarding children, young people and vulnerable adults training for your **current post**?  Yes  No

**DECLARATION**

- I declare that all the information I have given on this form is true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be asked to stop volunteering.
- I agree to personal data given by me on this form being retained by the SaLL Centre, and this information may be stored and processed either on computer or in manual records. It may also be disclosed to authorised personnel at Guy's and St Thomas' NHS Foundation Trust, and used for any purpose relating to my registration.
- I consent the SaLL Centre to make further appropriate checks with the relevant authorities if necessary in relation to this volunteering role.

**If returning this form by email you will be asked to sign when/if you are invited to volunteer.**

**Signature:**

**Date:**



**CONSENT TO BE PHOTOGRAPHED AND/OR FILMED**

- I give permission for me to be photographed and/or filmed at Hands Up for Health events I volunteer for.
- I understand the photographs/recordings will be used for the appropriate publicity of Hands Up for Health by the SaLL Centre, Guy's and St. Thomas' NHS Foundation Trust and King's Health Partners.
- I understand the photographs/recordings may appear in appropriate printed publications (such as posters, presentations or research) / on DVD / on television / on our websites and social media / in press.

**I have read, fully understand and accept the conditions described. By signing this consent, I agree to photography and filming on these terms.**

**Signature:**

**Date:**

**VOLUNTEER AGREEMENT** *(please keep a copy for your own records)*

Volunteers are an important and valued part of the SaLL Centre's Hands Up for Health programme. We hope that you enjoy volunteering with us and feel a full part of our team.

This agreement tells you what you can expect from us and what we hope from you. We aim to be flexible, so please let us know if you wish to make any suggestions and we will do our best to accommodate them.

**We, the SaLL Centre at Guy's and St Thomas', will:**

- Introduce you to how the programme runs, your role in it, and will provide any information and/or resources you need.
- Provide regular contact with you so you can tell us if you are happy with how our events are organised and receive feedback from us.
- Respect your skills, dignity and individual wishes and do our best to meet them.
- Keep you up to date with news and new initiatives and inform you of possible changes directly affecting you.
- Provide a safe workplace.
- Address concerns and issues you may raise to reach solutions via our problem solving processes.

**I, agree to:**

- Have an on-going obligation to inform the SaLL Centre of any criminal charges, convictions or cautions which occur during the course of my volunteering with the Trust, whether or not they are related to the Volunteer work. I understand that failure to do so may result in disciplinary action or dismissal from the Trust.
- Attend reliably at the time and place agreed and to give as much notice as possible whenever I cannot perform my role as expected.
- Follow Guy's and St Thomas' rules and procedures, including infection control, health and safety, safeguarding diversity and data protection / confidentiality.
- Raise any concerns about my experience as a volunteer at an early stage, giving SaLL Centre staff the opportunity to resolve any issues.
- Behave with courtesy to all colleagues, patients, staff and visitors at Guy's and St Thomas'.

*Note: this Agreement is in honour only and is not intended to be a legally binding contract of employment. If we do not receive a signed copy of the Agreement we will assume that the terms have been accepted and are in force.*

**I accept the Agreement offered. In particular I note my responsibilities in respect of Infection Control, Health and Safety, Safeguarding and Data Protection / Confidentiality.**

**Signature:**

**Date:**

<b>VERIFICATION (to be completed by SaLL Centre Staff)</b>		
Registration form fully completed and signed	<input type="checkbox"/> Yes	
Evidence of current employment or place of study provided	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Photo identification provided	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Spot check performed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Volunteer status	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date:
Comments:		
SaLL Centre Staff Name:		