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**Bevan Healthcare is a Social Enterprise, committed to helping people get the health care that they need. We provide responsive NHS General Practice services designed to meet the needs of people who are homeless or in unstable accommodation; those who have come to Bradford and Leeds as refugees or to seek asylum.**

**We provide more than just mainstream services; we have a fully integrated model of care. This includes an outreach service and a Wellbeing Centre.**

**Smart Health Inclusion Peer Advocates - Application Form**

*In completing this form and ticking the box below, you are consenting to your personal data being used by Bevan to contact you about and keep you up to date on volunteer and advocacy activities.*

*All personal information provided by or about you will be treated strictly in terms of the General Data Protection Regulation 2018. This means that confidentiality will be respected and that all necessary measures will be taken to prevent unauthorised disclosure.*

*Our legal basis for processing your information is contained within GDPR Article 6(1)(e) (the performance of a task carried out in the public interest) with the special category of data GDPR Article 9(1)(a) (explicit consent). For further information or for any questions, please consult Bevan Healthcare CIC’s Privacy Notice which is available on the website, or alternatively please request to speak to our Data Protection Officer.*

Do you consent to the terms as outlined above?



Yes                         No

*Thank you very much for your interest in volunteering for Bevan Healthcare. If you need assistance with completing this form, please email* [*Sadhana.patel@bradford.nhs.uk*](mailto:Sadhana.patel@bradford.nhs.uk)*.*

### APPLICATION FORM

Please complete in **BLOCK CAPITALS**

# Personal Details

|  |  |
| --- | --- |
| Title: Mr Mrs Miss Ms |  |
| Forename: | Surname Name: |
| Address: | |
| Post Code: | |
| Date of Birth: |  |
|  |  |
| Home Tel: |  |
| Mobile Tel: |  |
| Email Address: | |
| Do you hold a valid full driving licence? Y/N | Languages Spoken: |
| Do you have your own transport? Y/N |
|  |
|  |

**Emergency contact details**

|  |  |
| --- | --- |
| Name: | Relationship: |
| Tel Number: |  |

|  |  |
| --- | --- |
| Name: | Relationship: |
| Tel Number: |  |

**Employment status**

|  |  |
| --- | --- |
| Are you currently employed? Yes/No | National Insurance Number: |
| In higher education? Yes/No |
| Retired from employment? Yes/No |  |

**How did you hear about the SHIPs programme ?**

Newspaper 🞏 Advert 🞏 Friend 🞏 Present volunteer 🞏

Experience 🞏 Other 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Any Previous or Current Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| Organisation | Responsibility | Dates of Service |
|  |  |  |
|  |  |  |
|  |  |  |

**Referees**

Please indicate below the **names and FULL postal addresses** of two referees, **(NOT RELATIVES)** who may be contacted and who have **known you for more than 2 years**.

|  |  |
| --- | --- |
| Name: | Tel Number: |
| Address:  Post Code: | |
| Email: | |

|  |  |
| --- | --- |
| Name: | Tel Number: |
| Address:  Post Code: | |
| Email: | |

Briefly outline why you wish to be an advocate with Bevan and include any previous volunteering experience.

Briefly outline your skills, interests and/or qualifications.

Do you have any health conditions, disability or learning needs that we need to be aware of? This is so that we can make reasonable adjustments to remove any barriers – physical or otherwise, that might make it difficult for you to be an advocate at Bevan. Yes/No – if yes please give details.

**√** please tick your availability

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | All Day |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  | *Closed* | |
| Thursday |  |  |  |
| Friday |  |  |  |

Signature ………………………………………………… Date ………………………

DBS

Bevan will request a DBS check as part of the recruitment process, these checks are processed by the Disclosure and Barring Service (DBS). The check will also include information held on the Children’s and Adults’ Barred Lists, alongside any information held by local police forces, that is considered relevant to the applied-for post.

Rehabilitation of Offenders Act 1974

Due to the nature of the work we undertake, you must not withhold information about any court convictions you have received at any time.

If you are successful in applying for the advocacy role failure to disclose such convictions could result in Bevan rejecting your application.

Any information given will be completely confidential and will be considered only in relation to the application for positions.