

**Application to become a Pharmacist Support**

**Listening Friend volunteer**

**About You**

**Name** ………………………………………………………………………………………………………………………………………..

**Address**...……………………………………………………………………………………………………………………………………

**Postcode** ….……………………………………….. **GPhC registration number** …………………………..

**Home phone number**……………………………………………………………………………………………..…………………

**Mobile phone number** ………………………………………………………………………………………………………………

**Email** ………..………………………………………………………………………………………………………………………………

**Employment history (most recent at the top)**

|  |
| --- |
|  |

**Describe any skills and experience (including experience as a volunteer) you have that would be useful for this role. Please refer to the person specification when answering this question.**

|  |
| --- |
|  |

**Why do you want to volunteer for this position?**

|  |
| --- |
|  |

**What do you hope to gain from the experience?**

|  |
| --- |
|  |

**Is there anything else you would like to tell us about yourself?**

|  |
| --- |
|    |

**General information**

**How did you hear about this volunteering opportunity with Pharmacist Support?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Advert |  | RPS  |
|  | Article |  | Social Media |
|  | Event (please specify below) |  | University |
|  | GPhC |  | Web search |
|  | MEP |  | Word of mouth |
|  | PDA |  | Other (please provide details below) |

Please provide further details:……………………………………………………………………………………………………..

**Declaration**

Because your volunteering activity involves working with vulnerable people in the community, you are required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those which are spent. This may not prevent you from volunteering with Pharmacist Support. Please note, the information you give will be treated in confidence and only taken into account in relation to this particular volunteering activity.

|  |  |
| --- | --- |
|  | I have no convictions to declare |
|  | I have convictions / cautions to declare and have detailed these below |

 Please provide details of convictions in box below

|  |
| --- |
|   |

 **Data protection Act 1998**

In accordance with the Data Protection Act 1998, I give my consent to Pharmacist Support for the purpose of my volunteering to process, by computer, or by other means, the information contained on this form. I also understand that it is my responsibility to keep Pharmacist Support informed of any changes to my personal details and that this should be provided in writing.

I confirm that the personal information in this form is accurate.

**Signature** ………………………………………………………………….…. **Date** ………………………………….

**References**

It is Pharmacist Support policy to take up written references for potential volunteers before they start. Please provide two referees from people who have known you reasonably well for over two years. These should not, if possible, be close friends or anyone directly related to you.

**Referee one**

**Name** ………………………………………………………………………………………

**Relationship to you** ……………………………………………………………………

**Address** … …………………………………………………………………………………

**Postcode** ……… ……………… **Phone** **number** ……………………………………..

 **Email** …… …………………………………………………………………………………

 **Referee two**

**Name** ………………………………………………………………………..……………..

**Relationship to you** ……………………………………………………………………

**Address** … …………………………………………………….……………………………

**Postcode** ……… ……………… **Phone** **number**  ……………………………………..

 **Email** …… …………………………………………………………………………



**Equal Opportunities Monitoring Form**

**This form will not be used during the short-listing process but will be used separately for**

**the purpose of recruitment monitoring and provision of statistical data.  All information**

**given will be treated in the strictest confidence.**

**Why we need this information and why we are asking for it**

Pharmacist Support is committed to promoting equality of opportunity, to ensure that everyone has the chance to participate fully in the activities and decisions of the organisation.

In completing this form, you will help us understand who we are reaching and to identify and respond to any barriers in our processes. You do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

**Data protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data you have provided to have discussions about how to improve the diversity and spread of our recruitment, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

If you would like the form in an alternative format, or would like help in completing the form, please contact us at volunteers@pharmacistsupport.org.

**Please select the boxes that are relevant to you.**

**Ethnicity**

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British**  | **Black/African/Caribbean/** **Black British**  |  **Other ethnic group**   |
| ☐Indian ☐Pakistani ☐Bangladeshi ☐Chinese ☐Any other Asian background  | ☐Caribbean ☐African ☐Any other Black/African/Caribbean background   | ☐Arab ☐Any other ethnic group   |
| **Mixed/multiple ethnic groups**   | **White**  | **Rather not say**  |
| ☐White and Black Caribbean ☐White and Black African ☐White and Asian ☐Any other mixed/multiple ethnic background    | ☐English ☐Northern Irish ☐Scottish ☐Welsh ☐British ☐Irish ☐Any other White background   | ☐Rather not say  |

**Age**

☐18 – 24

☐25 – 34

☐35 – 44

☐45 – 54

☐55 – 64

☐65+

☐Prefer not to say

**Gender**

☐Female

☐Male

☐Prefer not to say

☐If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Orientation**

☐Heterosexual

☐Gay

☐Lesbian

☐Bisexual

☐Prefer not to say

☐If you prefer to use your own term, please specify her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion / belief**

☐No religion or belief

☐Buddhist

☐Christian

☐Hindu

☐Jewish

☐Muslim

☐Sikh

☐Prefer not to say

☐Other religion or belief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

You will be considered as having a disability for discrimination purposes if you fit the definition as given in the Equality Act 2010.  In the Act, a disability is a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities” For these purposes “long term” is taken to mean the condition is likely to last longer than 12 months or likely to recur.

Do you consider yourself to have a disability or health condition?

☐Yes

☐No

☐Prefer not to say

If you selected yes, please indicate your disability:

☐Vision (e.g. blindness or partial sight)

☐Hearing (e.g. deafness or partial hearing)

☐Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)

☐Learning, concentrating, remembering

☐Mental Health

☐Stamina or breathing difficulty

☐Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)

☐Other impairment

☐Prefer not to say