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| **Volunteer Registration Form** | | | |
| Name: |  | Date of Birth: |  |
| Address: |  | Postcode: |  |
| Email: |  | Phone: |  |
| Please tick the types of activities you are interested in supporting (full training and support is provided): | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | □ | Distributing HWN information | □ | Making links with local care organisations | □ | Helping to write reports | | □ | Talking and listening to people about their experiences | □ | Representing HWN at meetings/events | □ | Visiting care premises | | □ | Carrying out research | □ | Administrative tasks | □ | Other (give details) | | | |
| Some of our volunteer roles involve visiting premises and venues. Please tick the transport available to you. | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **□** | Car | □ | Bus | □ | Train | □ | Walk | □ | Bicycle |  | | □ Other, please write here: | | | | | | | | |  | | | Volunteers will be reimbursed for out-of-pocket expenses incurred while taking part in agreed activities on behalf of Healthwatch Northumberland | | | | | | | | | | | | | |
| What type of volunteer role are you interested in? | |  |  |  |  | | --- | --- | --- | --- | | □ | Fixed time period only | □ | Ongoing commitment | | | |
| Approximately how much time can you give each month? |  | | |
| Please use this box to tell us why you would like to volunteer with us: |  | | |
| What skills, knowledge and experience do you have – from home and/or work life - that you would like to offer: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | □ | IT skills | □ | Office and administration | □ | Web design | | □ | Bookkeeping & finance | □ | Organising and planning | □ | Languages | | □ | Managing people | □ | Listening and communicating | □ | Creative arts | | □ | Events and stewarding | □ | Evaluating and reviewing | □ | Social media | | □ | Mental health awareness | □ | Learning disability awareness | □ | Safeguarding | | □ | Child social care | □ | Adult social care | □ | UK driving licence | | □ Other skills and experience, please write here: | | | | | | | | |
| What personal qualities do you have: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | □ | I am reliable and punctual | □ | I am friendly and I enjoy talking to people | □ | I am organised | | □ | I enjoy working with others | □ | I can remain neutral when talking to people | □ | I am smart and presentable | | □ | I have a positive approach | □ | I am good at recording information | □ | I can handle conflict calmly | | □ Other qualities, please write here: | | | | | | | | |
| Do you consider yourself to have a disability?\* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **□** | Yes | **□** | No | **□** | Prefer not to say |   \*If you tell us that you have a disability, we can make reasonable adjustments to assist you in your application or with our recruitment process. We will contact you to talk about this. | | |
| Healthwatch Northumberland volunteers will be required to undertake a Disclosure and Barring Service check. The level of check will depend on the nature of the volunteer role. You can find a link to our Volunteering Policy and sign up to our newsletter on our website: [**healthwatchnorthumberland.co.uk**](https://healthwatchnorthumberland.co.uk/) | | | |
| **Please return completed forms to:**  **Freepost RTLX-SYBA-UTAA, Healthwatch Northumberland, Adapt {NE}, Burn Lane, Hexham NE46 3HN**  Or email to:[**Lornab@healthwatchnorthumberland.co.uk**](mailto:Lornab@healthwatchnorthumberland.co.uk)  If you have any questions about volunteering with us, then please get in touch by emailing the address above or by telephoning **03332 408468**  *Information provided on this form will be used to process your volunteer registration and will be protected and treated securely in accordance with the Data Protection Act (1998) and the General Data Protection Regulation (GDPR) and Data Protection Bill.* | | | |