

Salisbury Medical Practice

Volunteer Application Form

Please complete all 3 pages

CONFIDENTIAL



Personal Details:

Title: Mr/Mrs/Miss/Ms Other	Telephone (Home):
Surname:	Telephone (Work):
First names:	Mobile number:
Date of Birth*:	Email Address:
Address:	<i>Next of Kin Details</i>
.....	
.....	
.....	
Postcode:	Name:
	Relationship:
	Contact Number:

*to volunteer at the practice you must be aged 16 or over

We are open Monday to Friday, 8am – 8pm. Please provide up to 3 days/times that would suit you to volunteer at the practice:

1

2

3



Supporting information:

Please indicate your reasons for applying for a voluntary placement at Salisbury Medical Practice, as well as providing any other information such as hobbies or interests that you would like us to know about when considering your application.

Please ask your parent/guardian to complete this section (if under 18)

I give consent for to undertake a volunteer placement at Salisbury Medical Practice.

Signed: parent/guardian (delete as appropriate)



Important:

Because of the nature of volunteering in health and social care, exemption under the Rehabilitation of Offenders Acts applies.

Have you ever been convicted of an offence? YES / NO

A reference will be required. Please provide details of a referee who we can contact.

Referee name: _____

Relationship to you (e.g. Tutor or Manager): _____

Address: _____

Email address: _____



Please send in completed forms either by hand, post or via email – all contact details are found at the bottom of the page.