**APPLICATION FOR VOLUNTEERING (AGED 11-19)**

**Expression of Interest Form for 2022**

Thank you for your interest in applying for a volunteer role with Young Healthwatch East Sussex. **Please complete the below questions to the best of your ability, and send this application form back to our team via our administrator, Sue Wells, at** [**susan.wells@escv.org.uk**](mailto:susan.wells@escv.org.uk)

If you would like support in applying or require a paper copy, please contact [susan.wells@escv.org.uk](mailto:susan.wells@escv.org.uk) who can support this.

If you are over the age of 19, please apply via our adult volunteer application form on our website here: <https://healthwatcheastsussex.co.uk/get-involved/>

Your application will be stored in line with our privacy and data protection policies which can be found here: <https://www.escv.org.uk/home/privacy>. If you are successful in your application, this form will be stored in your volunteer file, and if you do not become a Young Healthwatch volunteer, the form will be stored for up to eighteen months.

This isn’t an exam! You are welcome to write in bullet points, and please do ask someone at home or your teacher/youth worker/social worker to help you complete this form if you think that would be helpful.

**About You**

What role are you applying for?

…………………………………………………

For this section, please answer the below boxes to let us know more about you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal details** | | | | |
| **Full Name** |  | | | |
| **Age** |  | | | |
| **Student Status** | *Are you in education, employment, or training? If so, where?* | | | |
| **Home Address** |  | | | |
| **E-mail** |  | | | |
| **Phone:** | **Home** |  | **Mobile** |  |

**Your Personal Statement**

For this section, please answer the four questions in the boxes below. If you’d rather send us in a video, artwork, or other creative form instead of writing, please do! Please also feel free to answer in bullet points or briefly summarise. We are not asking for lots of writing.

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| --- |
| **Personal statement** |
| **Why are you interested in volunteering with Young Healthwatch East Sussex?** |
|  |
| **What topics within health are you most passionate about?** This could be a specific area (such as mental or physical health), a specific condition or treatment, or a specific issue which you think is important to young people today (e.g COVID-19 vaccinations, access to GPs, etc). |
|  |
| Experience is not essential for any roles with our Young Healthwatch. **However, if you do have any prior experience (e.g work, student leadership, school council, volunteering) then please describe it briefly for us.** |
|  |
| **Is there anything else you’d like to tell us about you and why you would make a great volunteer?** Please leave blank if you can’t think of anything or if you’ve covered it in the other boxes already! |
|  |

**References**

Depending on the amount and quality of applications that we receive, we may seek to contact a reference to help us make our decision. We may also contact your reference to ensure that we are recruiting people who meet the requirements of the post. **We will not always contact your reference, but please provide one, in case we need to.**

A reference should be someone who knows you well enough to describe you and your attributes & abilities. They should **not** be directly related to you, such as a parent/carer or sibling. We will typically ask them to let us know if they think you are suitable for this post, and if there’s anything we need to know about.

Possible examples of a referee could be your teacher, form tutor, a staff member who has supported previous volunteering opportunities that you’ve taken part in, or a manager/supervisor if you are or were employed. **It is always a good idea to check that this person is happy to provide a reference for you, if we ask for one.**

If you cannot think of someone to provide a reference for you, please leave this section blank.

|  |  |
| --- | --- |
| **Their Name:** |  |
| **Their Role/Title:** |  |
| **The Organisation/School they work for:** |  |
| **Their Email:** |  |
| **How do you know this person? E.g manager, supervisor, teacher.** |  |

**Additional Questions and Finishing your Application**

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| **We welcome applications from all sections of the community** |
| Do you consider yourself to have a disability? Yes r No r  *This could be mental, physical, or learning-based.* |
| Is there anything we can do to help accommodate you within this role? Is there anything we can do to make it more accessible for you?  This information and further discussions (if needed) will help us to make any necessary adjustments for you. This information will be treated as confidential and will not impact your application! |
| **Screening (Please only answer if you are aged 16+)** |
| *If you are over the age of 16, you will be eligible for a DBS check. If you are younger, you can still volunteer with us, so just ignore this section.*  **As your role may involve working with young people and vulnerable adults it will be necessary for you to complete a Disclosure Barring Service (DBS) procedure.** The information you give us will be held in strict confidence.  For more information about Disclosure Barring Service please see the following link: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674523/Guide_to_eligibility_v9.pdf> |
| Are you willing to undertake a DBS Check? Yes r No r |

All organisations ask for personal details from their volunteers and employees. This is to ensure that they can be contacted when appropriate and according to any circumstances to do with Health and Safety of the individual.

We respect your privacy, and any personal information you provide will be handled according to Data Protection Laws. ie: we only ask for information that we need; we store the information securely, and will not pass your details to other individuals or organisations without your consent unless we are legally obliged to do so.

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| --- | --- | --- | --- |
| **Declaration** | | | |
| *This declaration confirms that you are happy with the information provided on this form and that it is truthful and accurate to the best of your knowledge.* | | | |
| The information I have given on this form is true and accurate as submitted, and I have given it on the understanding that it will be used, in confidence, only for the purpose of my application to volunteer for Healthwatch East Sussex.  In my volunteering role, I understand that my personal details will be used by Healthwatch East Sussex to plan its work and activities and will not be shared outside the organisation without my consent.  I will inform Healthwatch East Sussex quickly of any changes that may affect my volunteering status, such as changes to my health, education or job status. | | | |
| **Name** |  | **Date** |  |
| **Signature** |  | | |

**We look forward to reading your application and a member of staff will be in contact with you soon.**