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 Registered Charity no. 289509
 www.hopin.org.uk

Dittons & Weston Green
 neighbourcare

APPLICATION FORM

SURNAME.....FIRST NAME.....MR/MRS/MISS/MS

ADDRESS.....

.....POSTCODE.....

TEL. HOME.....WORK.....MOBILE.....

DATE OF BIRTH..... e-mail

I AM INTERESTED IN....TELEPHONE OPERATOR / DRIVER / SHOPPING HELP

DAYS / TIMES I AM AVAILABLE TO HELP: ENTER X WHEN UNAVAILABLE)

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

OR.....I WORK FULL TIME BUT AM AVAILABLE IN SCHOOL HOLIDAYS

DRIVERS:

I AM WILLING TO DRIVE UP TO 1 / 2 / 3 TIMES PER WEEK

I AM ABLE TO HELP WITH THE FOLLOWING TASKS: (TICK AS APPLICABLE)

1 LOCAL DRIVES ONLY	
2 DRIVE TO KINGSTON HOSPITAL	
3 DRIVE TO EPSOM HOSPITAL	
4 DRIVE TO MARSDEN HOSPITAL SUTTON	
5 DRIVE TO ST MARY'S HOSPITAL ROEHAMPTON	
6 DRIVE TO ST PETER'S HOSPITAL CHERTSEY	
7 DRIVE TO ROYAL SURREY HOSPITAL GUILDFORD	
TAKE A PERSON SHOPPING	
BUY SHOPPING	

YOUR VEHICLE:	<input checked="" type="checkbox"/>
4 DOOR	
2 DOOR	
HIGH STEP	

DO YOU HAVE ANY SPECIAL SKILLS OR EXPERIENCE THAT COULD BE RELEVANT TO YOUR ROLE AS A DITTONS AND WESTON GREEN NEIGHBOUR CARE VOLUNTEER?

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WHERE DID YOU HEAR ABOUT US?.....

We are a voluntary organisation, working to offer support to the elderly, frail and vulnerable in our community. Bearing in mind the delicate nature of the work, I am sure you will understand how important it is that we ensure our volunteers are of the highest integrity. We therefore carry out various procedures:

- We would appreciate it if you could give us the names of two referees, preferably not family members. We will write to them asking a few simple questions.

DRIVERS ONLY:

- We will ask to see your driving licence, insurance certificate, MOT certificate.
- We will ask you to sign annually a self-disclosure form that assures us that you have adequate and appropriate insurance, a clean driving licence, a valid tax disc and MOT certificate, and no criminal convictions.
- We will ask you to provide details for a Criminal Records Bureau check.

Names and addresses of two referees:

1.....	2.....
.....
.....
.....

I will inform Dittons and Weston Green Neighbourcare if there are any changes that affect my suitability as a voluntary driver e.g. a motoring or criminal conviction or an alteration to my insurance policy.

DATA PROTECTION ACT 1998

I also consent to the processing of the personal data supplied on this form and to its use in consequence of my membership of Dittons and Weston Green Neighbourcare

Dittons and Weston Green Neighbourcare will use the information you have provided here, or you may provide us with in the future, for the purposes of the operation of our community car scheme and the provision of other services supporting the elderly, frail and vulnerable in our community.

Dittons and Weston Green Neighbourcare will not disclose this information to any other person or organisation, except in connection with the above purposes.

Signed.....

Date.....

OFFICE USE ONLY

Referee forms sent (date).....Reply received 1..... 2.....

Driving licence..... Insurance Certificate..... MOT Certificate.....

Self-disclosure form sent.....Received.....

ID BadgeCollecting box.....