



HOSPITAL RADIO SWINDON

Application form for Membership/To become a Presenter
A CHARITY REGISTERED IN ENGLAND UNDER NUMBER 263979
Hospital Radio Swindon
Volunteers Office
Great Western Hospital
Swindon
SN3 6BB
Tel - 01793 604748

Title Mr / Mrs / Miss / Ms

Surname

First Name (s)

Date Of Birth

____ / ____ / ____

Address

Town

County

Post Code

Home Telephone

Mobile Number

Email address

1) How did you hear about Hospital Radio Swindon

2) Do you have any particular skills or interests that you feel would be useful in your voluntary work at HRS?

3) Do you have any experience of broadcasting or radio engineering work?

4) Do you have any ambition in the field of professional broadcasting?

5) How much time can you devote to HRS each week?

6) Have you ever been convicted of a criminal offence? (Under section 2 of the rehabilitation of Offenders act 1974, you must reveal any convictions, even those which may be considered spent.)

7) Is there any further information you consider relevant to your application?

Please give details of someone we can contact in the event of an emergency:

Name _____

Telephone _____

Relationship to you _____

As an equal opportunities voluntary organisation, HRS welcomes applications from all sections of the community, regardless of age, race, sex or disability. All information on this form will be treated in confidence. Membership will be granted after an initial interview with the Membership Secretary or other member the committee of Hospital Radio Swindon may appoint, Membership however will be terminated if satisfactory references or membership fees are not payed.

Anyone under the age of 16 must have their application countersigned by a parent or guardian who will be responsible for the applicant meeting the requirements of the application.

Once your application is received, you will be required to complete a CRB check as per the policy of the Great Western Hospital Volunteers Policy. You will also be required to provide identification documents to an appointed representative of the Swindon & Marlborough NHS Trust to enable this check to be started. Any one who is unwilling or unable to complete a CRB check will be refused membership to Hospital Radio Swindon. Until the CRB clearance is received, you will be unable to participate in Hospital Radio activities, this usually takes between 4 and 6 weeks.

I understand that as a member of HRS I shall be required to participate in all society activities where possible. I understand that there is a membership fee to join the society which is currently set at £30.00 per year payable by standing order. As a member of HRS, I will be expected to take part in fund raising events and to visit the hospital regularly to meet the patients and gather requests.

I also understand that Hospital Radio Swindon will only hold this information for their records and will not pass any information on to any third party with out prior authorisation

I understand that all information gained concerning patients, employees, volunteers, the hospital and other matters concerning the running of HRS is strictly confidential.

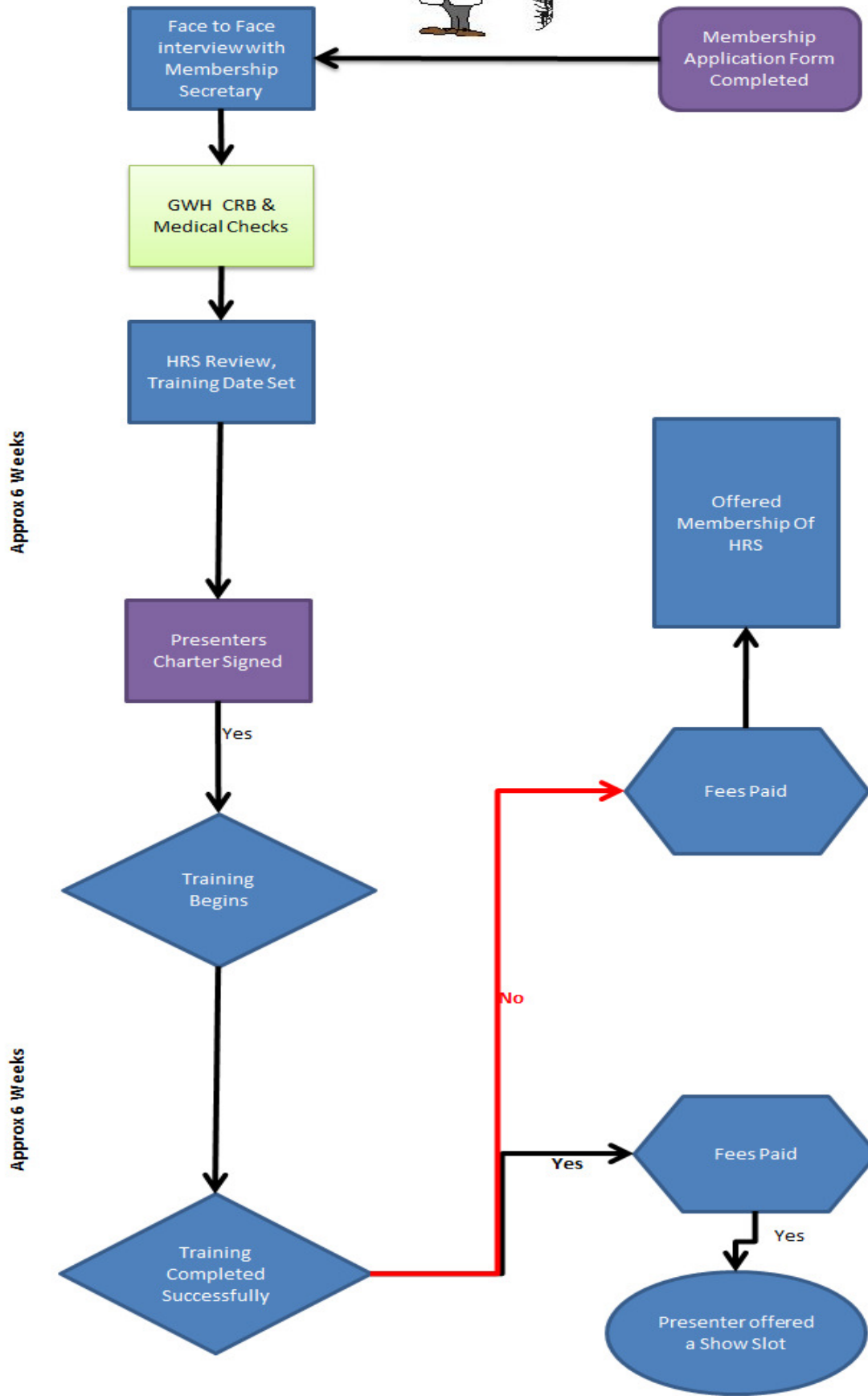
Please return in a sealed enveloped marked Volunteer Application to:
The Volunteers Office, Great Western Hospital, Swindon, SN3 6BB.
Once you have posted your application forms please email confirmation to membership@hospitalradioswindon.org

Signed _____

Print & Date _____

Countersigned (If Applicable) _____

The Route to becoming a Member/Presenter of Hospital Radio Swindon



Have you been immunised against the following :

Immunisation	Yes/No/Don't Know	Date (s)	Details inc immune status
TB – (BCG)			
Rubella			

Please answer questions 1-11 by circling 'Yes' or 'No'

1) Do you have difficulties in hearing or seeing? Yes / No

2) Do you have any difficulties in seeing which is not corrected by glasses or contact lenses? Yes / No

3) Is your mobility restricted in any way or do you have any difficulty walking, going up and down stairs etc - ie arthritis, back or neck pain etc Yes / No

4) Do you attend your General Practitioner or other doctor on a regular basis? Yes / No

5) Are you currently taking any tablets/injections/medicines/ inhalers? Yes / No

6) Have you had a cough for more than 3 weeks in the last 12 months? Yes / No

7) Have you ever coughed up blood or had any unexplained loss of weight or fever in the past year Yes / No

8) Have you or a close member of your family suffered by TB? Yes / No

If yes, Date of diagnosis _____

9) Have you every had dermatitis/eczema/psoriasis or other skin complaints? Yes / No

10) Any illness/operations or serious injury not mentioned above. Yes / No

11) Have you every lived or worked abroad for more than 1 month? Yes / No

If you have answered "YES" to any of the above questions 1-11, please give details below

DECLARATION

I understand that no medical detail will be divulged without my permission to any person outside the Occupational Health Service, other than a statement regarding "fitness for employment".

Signature

Date
