



## Application to become a Pharmacist Support Listening Friend volunteer

Please read the accompanying information before completing this form and feel free to continue answers to any question on a separate sheet if necessary.

**Name** Dr/Mr/Mrs/Ms/other (please state) .....

**Address** .....

.....

..... **Postcode** .....

**Phone (home)** ..... **(mobile)** .....

**Date of birth** ..... **Email** .....

**Registration number** .....

**Employment history**

**Describe any skills and experience (including experience as a volunteer) you have that would be useful for this role**

**Why do you want to volunteer for this position?**

**What do you hope to get from the experience?**

**Is there anything else you would like to tell us about yourself?**

**General information**

**Do you have any medical conditions that Pharmacist Support should be aware of e.g. diabetes, asthma, etc?**

- Yes
- No

If yes, please give details .....

.....

**Please tell us about any specific needs you would like us to take into account.**

For example: mobility needs or childcare responsibilities. This information will be treated as strictly confidential.

**How did you hear about this volunteering opportunity with Pharmacist Support?**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Advert  | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Article | <input type="checkbox"/> RPS           |
| <input type="checkbox"/> Event   | <input type="checkbox"/> University    |
| <input type="checkbox"/> GPhC    | <input type="checkbox"/> Web search    |
| <input type="checkbox"/> MEP     | <input type="checkbox"/> Word of mouth |

**Emergency contact details**

Please give the name of someone we may contact in case of an emergency

**Name** .....

**Relationship to you** .....

**Address** .....

.....

..... **Postcode** .....

**Phone (home)** ..... **(mobile)** .....

**Declaration**

Because your volunteering activity involves working with vulnerable people in the community, you are required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those which are spent. This may not prevent you from volunteering with Pharmacist Support. Please note, the information you give will be treated in confidence and only taken into account in relation to this particular volunteering activity.

- I have no convictions to declare  
 I have convictions / cautions to declare and have detailed these below

Please provide details of convictions in box below or on a separate sheet and return to Diane Leicester, Charity Manager, marking the envelope Private and Confidential.

**Data protection Act 1998**

In accordance with the Data Protection Act 1998, I give my consent to Pharmacist Support for the purpose of my volunteering to process, by computer, or by other means, the information contained on this form. I also understand that it is my responsibility to keep Pharmacist Support informed of any changes to my personal details and that this should be provided in writing.

I confirm that the personal information in this form is accurate.

**Signature** ..... **Date** .....

**References**

It is Pharmacist Support policy to take up written references from potential volunteers before they start. Please provide two referees from people who have known you reasonably well for over two years. These should not, if possible, be close friends or anyone directly related to you.

**Referee one**

**Name** .....

**Relationship to you** .....

**Address** .....

.....

**Postcode** ..... **Phone** .....

**Email** .....

**Referee two**

**Name** .....

**Relationship to you** .....

**Address** .....

.....

**Postcode** ..... **Phone** .....

**Email** .....

**Please return form to:**  
Pharmacist Support, 3<sup>rd</sup> Floor The Pinnacle, 73-79 King Street, Manchester M2 4NG  
Or email to [info@pharmacistsupport.org](mailto:info@pharmacistsupport.org)



## Equal Opportunities Monitoring Form

### Confidential

This information is anonymous and will be separated from your application immediately upon receipt. It will therefore have no bearing on any decision taken, but is important as a means of ensuring the operation of equal opportunities policies.

**Gender:** (delete as appropriate) **Male/Female**

**Age** (please state your age in years)

**Ethnicity** (based on UK census questions)

Please tick one of the boxes below to indicate your ethnic origin

White - British	
White – Irish	
White – Scottish	
White – Welsh	
Other white background	
Black or Black British - Caribbean	
Black or Black British - African	
Other Black background	
Asian or Asian British – Indian	
Asian or Asian British - Pakistani	
Asian or Asian British – Bangladeshi	
Other Asian background	
Chinese	
Mixed – White and Black	
Mixed – White and Asian	
Other mixed background	
Other ethnic background – please specify	

**Nationality** (please specify)

**Disability:** do you consider yourself to have any kind of disability? **YES/NO**

*(The Disability Discrimination Act 1995 defines disability as any physical or mental impairment which has a substantial and long-term (more than 12 months) adverse effect on a person’s ability to carry out normal day to day activities)*

If you have said **YES**, please tick which category you think best describes your disability

Blind or partially sighted	
Deaf or hearing impairment	
Wheelchair user/other mobility difficulties	
Personal care support	
Mental health disability	
Any unseen disability e.g. diabetes, asthma	
Multiple disabilities	
Other disability – please specify	