



Membership application

personal details <i>(those marked * in this section are obligatory)</i>	
Mr / Mrs / Miss /Other	*
Surname	*
Forenames	*
Date of Birth	*
Home Address	*
Occupation	*
Home Telephone Number	*
Work Telephone Number	
Mobile Telephone Number	
Email Address	
Registration number - if you are registered as disabled	

List any previous (or current) voluntary work:	
Do you have any experience, or involvement with:	
Local Radio	
The Media	
Dealing with the General Public	

What areas of Hospital Radio Yare are you interested in? (please tick and state experience if applicable). Note that you will be <i>expected</i> to participate in those marked (*)	
Fund raising (*)	
Request collecting (*)	
Broadcasting	
Engineering	
Outside broadcasts	

Do you currently own a car?	
If no, what mode of transport would you use to get to the studio?	

You will be expected to spend time collecting requests either at Lowestoft, Northgate or James Paget Hospitals. This is a vital role in running of the station and you will be expected to request collect once training has been completed.

Please indicate the *general* times you would be available – either for regular request collecting, fundraising or programme presenting.

	10am – 12pm	12pm – 2pm	2pm – 4pm	4pm – 6pm	6pm - 8pm	8pm – 10pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Now, briefly tell us about yourself!

What are your hobbies/interests?	
What are your musical tastes?	
What 3 things could you <u>not</u> be without?	1. 2. 3.
Why do you want to be a part of our organisation?	

Referees:

Please give the names of two persons – **NOT RELATIVES** – who we can contact for a reference. Ideally, you must have known these people for at least three years.

1	2
Name	Name
Occupation	Occupation
Address	Address
Telephone	Telephone
Your relationship to this person	Your relationship to this person

As with any organisation, we have a Code of Conduct and Rules for the good of Hospital Radio Yare, its members and our listening public. All members are obliged to comply with these. On acceptance, new members will undergo a probationary period when their suitability will be assessed. The Trustees reserve the right to terminate the membership of any candidate unable to meet the standards, requirements of any/all the organisations involved.

Please ensure you have read the attaching 'Conditions Applying To Voluntary Assistants'

CONFIDENTIALITY – PLEASE NOTE

Any matters of a confidential nature, in particular any information relating to patients, individual staff members must not, under any circumstances, be divulged or passed on to any unauthorised person or persons. Likewise, the information given in this application form will be treated as confidential.

A breach of confidentiality will result in the immediate termination of your membership.

For the purpose of security, Hospital Radio Yare uses CCTV cameras to monitor the buildings' interior. By signing below, you are agreeing to being filmed and recorded.

Declaration:

- I would like to join Hospital Radio Yare. I have read and completed the necessary pro-forma and agree to comply with the requirements of the organisation.
- I confirm that the information I have provided is true and correct, and understand that my misrepresentation will invalidate my application.
- I confirm that, to the best of my knowledge, there are no medical reasons that will prevent me carrying out my duties at Hospital Radio Yare. I am prepared to undergo a medical examination if necessary.

Signed		Date	
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When returning this application form completed and signed, please also enclose the following:

- 2 x recent passport photo's
- 4 x stamps (for the references)
- membership fee – do not send cash! cheques should be made payable to 'Hospital Radio Yare' (the membership fee is returnable if the initial application is unsuccessful)

No application will be processed until **ALL** of these are received

Send to: Membership Secretary, Hospital Radio Yare, Northgate Hospital, Northgate Street, Great Yarmouth, NR30 1BU.

Administration Use Only:

Date application received	
Photo's received	
Reference 1 received	
Reference 2 received	
Membership Fee received	
Date Of Joining Organisation	
Date Probationary Period Ends	
Membership Number	
Date Left	
Notes	

CONDITIONS APPLYING TO VOLUNTARY ASSISTANTS

James Paget Health Care NHS Trust, Norfolk & Waveney Mental Health Care Trust and Hospital Radio Yare:

1. Accepts no responsibility for loss or damage, by any means whatsoever, to the personal effects or property (including clothing) of a volunteer, whilst undertaking duties within the Trust.
2. Draws the attention of voluntary workers to the following:
There will be no payments for any work undertaken
No charge in respect of service given should be levied on patients or visitors
3. Accepts no responsibility for the repayment of any expenses incurred whilst undertaking duties with the Trust.
4. Reserves the right to change, alter, or terminate placements at their discretion, depending on the priorities of the Trust/or Hospital Radio Yare.
5. Have a no smoking policy in the whole Hospital Radio Yare building for Health & Safety reasons.

Please note that certain posts in the National Health Service are exempt from the provisions of section 4 (2) of the rehabilitation of offenders act 1974.

In respect of this exemption order, applicants are **not** entitled to withhold information about convictions which are 'spent' under the provisions of the act.

Any failure to disclose convictions could result in the termination of the placement.

Any information will be completely confidential and will not necessarily prejudice the offer of a placement.

Have you ever had any criminal convictions? **YES / NO**

Date(s)	Details

A placement with Hospital Radio Yare involves interaction with vulnerable people. As such, you may be asked to complete a Criminal Records Bureau (CRB) police check.