

MEMBERSHIP APPLICATION**Part 1 – Your details**

TITLE			
FAMILY NAME			
GIVEN NAME(S)			
ADDRESS			
POSTAL TOWN		POSTCODE	
EMAIL ADDRESS			
TELEPHONE (HOME)			
TELEPHONE (MOBILE)			
CONTACT NUMBER OF A FRIEND/RELATIVE (in case of emergency)			
DATE OF BIRTH			
I WISH TO RECEIVE NEWS AND COMMUNICATIONS VIA EMAIL	<input type="checkbox"/>	I DO NOT OBJECT TO MY CONTACT DETAILS BEING MADE AVAILABLE TO OTHER MEMBERS	<input type="checkbox"/>
<i>Insurance:</i> Personal liability via the League's insurance policy stops at age 85 and you are advised to take out your own policy from that age.			

Part 2 – Your experience

PREVIOUS/PRESENT OCCUPATION	
Have you been a member of another hospital radio service? (Please give details)	
Do you have any other relevant experience? (Please give details)	

Part 3 – Your background

Would you consider yourself generally fit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any medical condition that may limit the sort of voluntary work that you are asked to do?		
Do you have any history of mental illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONFIDENTIAL

REHABILITATION OF OFFENDERS ACT 1974

In accordance with current legislation (Rehabilitation of Offenders Act 1974) volunteers are not entitled to withhold any information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of you undertaking voluntary work, any failure to disclose such convictions could result in your membership being terminated.

Have you any information to declare?

YES

NO

If YES please give brief details of ALL criminal convictions on a separate sheet of paper/as an attachment, which should be returned with this application form.

REFEREES

Please give the name and address of two referees whom you give us your consent to contact. The referees must have known you for at least two years and they should not be relatives. If you are currently receiving any medical treatment, one referee should be either your Consultant or General Practitioner.

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Part 4 – You and Canterbury Hospital Radio

In what aspects of hospital radio are you interested?	
What are your other interests?	

DECLARATION

I understand that anything I hear or learn concerning individual patients, in the course of my duty as a volunteer, must be treated in the strictest confidence.

Volunteers are asked to wear their identification badges while on duty.

You are reminded that volunteers should follow infection control procedures (as laid-out in the station manual) at all times and must always get professional help if patients ask for help.

I accept and agree to abide to by both Canterbury Hospital Radio's policies, and the League of Friends' constitution and policies – all of which are contained in the station manual.

I declare that the information given on this form is true and complete to the best of my knowledge and belief.

I do not object to the above information being held on computer.

SIGNED:		DATE:	
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PLEASE RETURN YOUR COMPLETED FORM IN ONE OF TWO WAYS:

By post, addressed to:

The Membership Secretary
Canterbury Hospital Radio
Ethelbert Road, Canterbury, Kent.
CT1 3NG

By email, sent to:

membership@chradio.org.uk