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|  | Radio Warneford  Membership Application Form | |
| Please complete all sections of this form and return it to us either by email or by post, details below. | | |
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| **About You** | | |
| Surname: Enter surname | | Title (Mr, Ms etc): Enter title |
| First name: Enter first name(s) | | Date of birth: Enter date of birth |
| Address: Enter home address | | |
| Telephone: Enter home landline number | | Mobile: Enter mobile number |
| Email: Enter email address | | |
| Occupation: Enter occupation | | |
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| **Previous Experience** | | |
| If you have done any voluntary work before, please enter the details below. | | |
| Enter voluntary work details | | |
| If you have previously been a member of Radio Warneford or another hospital radio station, please enter the details below. | | |
| Enter any previous hospital radio experience | | |
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| **Your Interests** | | |
| What interests or hobbies do you have?  Enter your interests or hobbies | | |
| If you have an interest in any particular style(s) of music, please enter the details below. | | |
| Enter any favourite musical styles | | |

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| **You & Radio Warneford** | | | |
| Why does becoming a member of Radio Warneford appeal to you? | | | |
| What appeals to you? | | | |
| If you consider that any of your personal qualities or qualifications would be particularly useful to you as a member of Radio Warneford, please tell us below. | | | |
| Detail your relevant qualities or qualifications here | | | |
| Listed below are some of the areas of work undertaken by members. Please mark those you would find of particular interest *(attending fundraising events is compulsory)*. | | | |
| Fundraising | | Record Library | |
| Visiting patients | | Programme production | |
| Broadcasting | | Equipment maintenance | |
| General administration | | Story reading / radio plays | |
| Members of Radio Warneford are allocated to teams, each of which is responsible for broadcasting on a particular day. Please indicate which day(s) would suit you best by numbering them in order of preference. | | | |
| Mondays *7-9pm* Preference | Tuesdays *6-8pm* Preference | | Thursdays *8-9.30pm* Preference |
| Fridays *8-9.30pm* Preference | Sundays *1-3pm* Preference | |  |
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| **Further Information** | | | |
| Please use this space for any other relevant information to support your application. | | | |
| Add further information here | | | |
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| **References** | | | |
| Please give **full** details of two independent persons, excluding family and friends, to whom reference can be made. One of these **must** be a professional (e.g. your GP, manager etc) and you must have had contact with both of these referees within the last 12 months.  **We cannot consider an application without two referees.** | | | |
| Name: First referee name | | Name: Second referee name | |
| Address: First referee address | | Address: Second referee address | |
| Telephone: First referee telephone | | Telephone: Second referee telephone | |
| Email: First referee email address | | Email: Second referee email address | |
| Occupation: First referee occupation | | Occupation: Second referee occupation | |

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| **Is Your Volunteering Part of a Training or Award Scheme?** |
| If your volunteering is part of the Duke of Edinburgh Award Scheme or a similar scheme, please give more details below. |
| Enter details of your Award Scheme |
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| **How Did You Find Out About Us?** |
| To help us with future recruitment, please tell us how you found out about Radio Warneford. |
| How did you find out about us? |
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| **Inclusion in Electronic and Printed Media** |
| We regularly take photographs of Radio Warneford’s studio and fundraising events and these often include members undertaking tasks on behalf of the station. These photographs are used on Radio Warneford’s website, on our Twitter and Facebook pages, in our patients’ magazine, on posters and leaflets, and occasionally to accompany articles that appear in the local press. If you do not want this to happen, you can ask us not to use your photos. |
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| **Contributions to Broadcasts, Publications etc** |
| Radio Warneford retains the rights to any contributions that you make to broadcasts, publications and online during your membership, for example as a presenter, producer, writer, designer etc. The station can rebroadcast, republish or otherwise make use of these contributions as required, even after your membership has ended. |
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| **Important Note About DBS Checks** |
| You will be required to visit the hospital wards and communicate with children and vulnerable people. To allow this to happen, you will be required to complete a Disclosure and Barring Service (DBS) check to ensure that you have no convictions that would put patients at risk. |
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| **Your Personal Data** |
| Radio Warneford appreciates the importance of keeping personal information private. This includes data from volunteer members, individuals who offer sponsorship or support for the station and its fundraising events, and individuals (including patients) who take part in or support our programmes. You can find out what information we collect, how we use it and who we share it with by reading the privacy statement on our website at **www.radiowarneford.com/privacy-policy**.  We publish some of your personal data in our internal, limited-circulation members address list including your name, address, email address and telephone number(s). This is only ever used by members of the Management Committee and Trustees when they need to contact you about Radio Warneford business. We are also required to share limited data with the Volunteer Department of the South Warwickshire Foundation Trust, for example your name, email address and car registration number(s).  By submitting an application for membership, you are agreeing to our use of the personal data you have provided to process your application and to administer the organisation. You also agree to our sharing of limited personal data with the South Warwickshire Foundation Trust if you are offered membership. |

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| **Your Signature** | | | |
| *Please digitally sign your application by typing your name in the space below.* | | | |
| I declare that the information I have given in this application is true and complete to the best of my knowledge. | | | |
| Signature: Type your name here to sign | | Date: Enter today’s date | |
| Please save your completed form and email it to us at **membership@radiowarneford.com**.  Alternatively you can print out your completed form, sign it above and then post it to:-  **Membership Secretary, Radio Warneford, Warwick Hospital, Lakin Road, Warwick, CV34 5BW.** | | | |
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| **What Happens Next?** | | | |
| Once we receive and assess your application, we will contact you and may invite you to attend an introductory interview. Please note that we cannot always offer membership. Because Radio Warneford is run by volunteers, you may have to wait a few days for a reply. | | | |
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| **FOR OFFICE USE** | | | |
| Date recd: Enter received date. | Date given to Interviewer: Enter date. | | Interview Date: Enter interview date. |
| Start date: Enter start date. | | Team: Enter team name. | |