

HOSPITAL RADIO SOUTH TYNESIDE



Entertainment and Information Broadcasting Service

Membership Application Form (via hrst.co.uk)

IN STRICTEST CONFIDENCE

PERSONAL DETAILS

Full Name	
Home Address	
Telephone (Home)	(Mobile)
Email Address	
Date of Birth	Occupation

PLEASE TELL US

Why are you interested in working on hospital radio?
How did you hear about Hospital Radio South Tyneside?
Have you worked in radio before (hospital or other). If so give details
Any previous voluntary work/or involvement in clubs, societies or other organisations
Your hobbies and interests

YOU AND HOSPITAL RADIO

Please tick which areas interest you

Ward Visiting <input type="checkbox"/>	Presentation <input type="checkbox"/>	Engineering <input type="checkbox"/>	Fundraising <input type="checkbox"/>
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Please circle when you would be available on a **regular weekly basis**

Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM
Friday AM PM	Saturday AM PM	Sunday AM PM	

HRST Studios | South Tyneside District Hospital | Harton Lane | South Shields | NE34 0PL



Telephone: 08448 113030 xt 3471 | email: info@hrst.co.uk

Registered Charity: 516712 | HBA Member: 344





REFERENCES

Please give the names, addresses, telephone numbers and email (if applicable) of **two referees**. The referees must have known you for at least two years and should not be relatives.

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CONFIDENTIALITY

All hospital staff undertake to accept as highly confidential any information concerning patients, staff or hospital affairs acquired as a result of their jobs. Such information must always be treated accordingly with inappropriate disclosure being subject to the Trusts disciplinary procedure. Staff however, may on occasion have genuine concerns about healthcare matters and implications arising from the applicability of the disciplinary procedure would not apply.

Volunteers must also adhere to this code and must understand that any breach of confidentiality may mean that their services will no longer be required and that in serious cases the Authority may take legal action.

I _____ have read and understood the above and undertake to maintain the code of confidentiality in all matters which may come to my knowledge in the course of my voluntary work.

I also declare that the information given in this application is correct and that if offered membership, I will abide by the constitution of Hospital Radio South Tyneside

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, failure to disclose such convictions may result in your membership being terminated.

Please give details of any convictions. Any information given will be in the strictest confidence.

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All volunteers of Hospital Radio South Tyneside may undergo Criminal Records Bureau enhanced disclosure checks.

DECLARATION

I declare that the information given on this form is correct to the best of my knowledge.

Signed _____ Date _____

Please return this form to the Membership Manager at the address overleaf