



MEMBERSHIP APPLICATION

Full Name

Home Address

Home Phone Mobile Phone

Email Address

Date Of Birth. Occupation

Please give the details of two people who we may contact for Character References

Name

Occupation

Email.....

Phone

Name

Occupation

Email.....

Phone

Please provide details of any criminal convictions (this information will be confidential. Under the Rehabilitation of Offenders Act 1974, Exemption Order, Volunteers are required to declare all previous criminal convictions.)

A brief explanation may be written here, or under seperate cover.

Please note all applications will be subject to Disclosure and Barring Service (DBS), formally CRB, checks.

Please number the following station activities in the order of your interest...
(1 = Favourite, 6 = Least Favourite)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Music Presentation | <input type="checkbox"/> Interviewing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Technical | <input type="checkbox"/> Request Collecting / Ward Visiting |

Please give any particulars about yourself which you think **may** be relevant, including medical conditions of which we should be aware.....

Using your personal information

Personal information which you supply in this application and subsequently during your membership will only be used in the following ways:

- a. To make a decision whether to offer you membership as a volunteer (Provisional Member and subsequently Full Member) of RADIO NENE VALLEY,
- b. obtaining any references in support of an application,
- c. to administer your membership,
- d. to contact you concerning any information regarding RADIO NENE VALLEY. We will not share your information with anyone outside RADIO NENE VALLEY or NORTHAMPTON GENERAL HOSPITAL NHS TRUST.

We may share your information with authorised representatives of NORTHAMPTON GENERAL HOSPITAL NHS TRUST for purposes of volunteer management or membership suitability. This may include carrying out a Disclosure and Barring Service (DBS) check.

We need your contact details (name, address, telephone, email) to administer your application and if successful any subsequent membership, including to contact you with operational information regarding RADIO NENE VALLEY.

We will contact you by post, telephone, email and SMS. If you agree to be contacted in this way, please tick the relevant boxes:

Post Email Phone SMS

If granted Membership of Radio Nene Valley, I agree to abide by the Constitution and Rules of the Organisation.

Signature **Date:**

Notes :

1. Radio Nene Valley reserves the right to refuse any applications which the committee feels may be unsuitable to the aims and requirements of the Radio Station. The decision of the Committee is final and no correspondence will be entered into.
2. Radio Nene Valley is a Voluntary Organisation and none of its members receive any payments for their work in connection with the Organisation.
3. An Annual Membership Fee is payable, part of this will be due upon acceptance of your application.
4. Acceptance onto Provisional Membership does NOT guarantee you will be granted full membership.
5. Provisional Membership is for a maximum of six months, if completion of your Training & Competency plan has not been achieved in this period, your membership MAY be terminated.

Please return this completed form to :

**The Personnel Officer: Radio Nene Valley, Northampton General Hospital NHS Trust, Cliftonville, Northampton NN1 5BD
Or scan completed and signed application form to:- personnel@radionenevalley.co.uk**