



**Daft as a Brush**  
CANCER PATIENT CARE

## Volunteer Application Form

Surname and title:

Forenames:

Telephone:

Date of birth:

Email address

Previous surname:

Address and postcode:

  

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**How would you like to help?** (please tick)

Volunteer Driver

Volunteer companion

Other (Events / Fundraising / Schools)

Please ensure you have read the Role Profile document before your application.

Any questions, email [volunteers@daftasabrush.org.uk](mailto:volunteers@daftasabrush.org.uk)

**Your availability** (For example: Days of the week / How many days per month)

**Preferred location** (please tick)

North East

North West (Cumbria area)

**Experience** - Please tell us why you're applying for this role. Please provide details of your life skills, experience and interests which you think would be a positive contribution to us and our patients.

  

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Job title / Experience

Date from:

Date to:

Employer name:

How long have you known this person?

Previous surname:

Employer address and postcode:

  

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**Referee - 1**

Name:	Position in company:	Company name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address:	Telephone number:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referee address and postcode:

**Referee - 2**

Name:	Position in company:	Company name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address:	Telephone number:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referee address and postcode:

**Rehabilitation of Offenders Act**

Because of the nature of voluntary help in healthcare, exemption under the Rehabilitation of Offenders Act 1974 applies. Having a conviction will not necessarily prevent you from being a volunteer. Any information given is strictly confidential, and failure to disclose convictions will result in your application not being taken forward.

Have you ever been convicted of an offence? (required) ..... YES  NO

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? YES  NO

If 'NO' please give details.

Do you possess a full UK driving licence? ..... YES  NO

Do you have any licence endorsements? ..... YES  NO

Is there any medical history that may prevent you from driving safely? ..... YES  NO

**Declaration**

I certify that the information provided is correct and I understand that any misleading statements or deliberate omissions could result in my application not being processed or disqualified. I also understand that my details will be kept in accordance with the Data Protection Act and used within the organisation for the purposes of my role.

I agree (signed) ..... Date: .....

PART OF THE **JOURNEY** TO RECOVERY

Daft as a Brush Cancer Patient Care Charitable Trust  
Registered Office: Daft as a Brush House, Great North Road, Gosforth, Newcastle upon Tyne, NE3 2DR.  
Tel: (0191) 28 55 999 | info@daftasabrush.org.uk | Charity number 328 432 | Company Number 233 3474

Donate, explore and find out more at [www.daftasabrush.org.uk](http://www.daftasabrush.org.uk)

