



VOLUNTEER COMMUNITY FIRST RESPONDER APPLICATION FORM

Name of scheme:

PERSONAL DETAILS

<p>Title (Mr/Mrs/Ms etc).....</p> <p>Forename(s).....</p> <p>.....</p> <p>Surname.....</p> <p>Address.....</p> <p>.....</p> <p>Postcode.....</p> <p>Home Telephone.....</p> <p>Mobile.....</p> <p>E-Mail Address.....</p> <p>.....</p> <p>Date of Birth</p> <p>Are you? Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Do you currently work for YAS?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>National Insurance number</p> <p>In case of an emergency whom should we contact?</p> <p>Name</p> <p>Relationship to you</p> <p>Contact Details</p> <p>Please specify where you learned about volunteering as a Community First Responder</p> <p>.....</p> <p>Do you have the use of a Vehicle?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you consider yourself to be disabled?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what support or adjustments do you think you will need to take up a volunteering role at this trust?</p> <p>.....</p> <p>.....</p> <p>.....</p>
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REFERENCE DETAILS

Please supply details of one referee you have known for at least 12 months. This can be your current employer, teacher, tutor or a community leader, GP, youth worker, support worker or friend. You may not use family members as referees.

Title (Mr/Mrs/Ms etc)..... Name.....

Address.....

Postcode..... Telephone.....

E-Mail Address.....

How long have you known this person?..... Relationship to you.....



COMMUNITY FIRST RESPONDER VOLUNTEER AGREEMENT

This Volunteer Agreement is a description of the arrangements between Yorkshire Ambulance Service NHS Trust and you, in relation to your volunteering with us, and to indicate our commitment to do the best we can to make your volunteering experience a positive and rewarding one.

PART ONE : OUR COMMITMENT

1. Supervision, support and flexibility

- To define appropriate standards for the scheme; to communicate these to you and to encourage and support you to achieve and maintain them as part of your voluntary work.
- To provide regular meetings with a main point of contact so that you can tell us if you are happy with how your tasks are organised and get feedback from us.
- To do our best to help you develop your volunteering role with us, and to be flexible in how we use your volunteering.
- To consult with you and keep you informed of possible changes.
- To respect your skills, dignity and individual wishes and to do our best to meet them.
- To provide safe working practices.
- To apply our equal opportunities policy.
- To apply our problem solving procedure if there is any problem.

2. Training

- To introduce you to how Yorkshire Ambulance Service works and your role in it and to provide any training you need.

3. Expenses

- To reimburse your travel expenses whilst operating as a Community First Responder in line with current Trust Travel Expenses policy

4. Insurance

- The Trust is a member of the NHS Litigation Authority (NHSLA) this scheme provides insurance cover for volunteers' actions whilst undertaking voluntary work approved and authorised by the Trust – details available on request.

5. Equipment

- To provide a learning CFR Training Manual on commencement of training.
- To provide a valid and current ID Card ID Card Number _____
- To provide a Responder Hi-Viz Jacket Jacket size _____

EQUAL OPPORTUNITIES MONITORING INFORMATION

This section of the application form is anonymous, will be detached from your application form and will be used for monitoring purposes only.

NHS Organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Employment Equality Regulations 2010

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose this

Equality Act 2010 and Disability Discrimination Act 1995

The Equality Act and Disability Discrimination Act are there to protect the needs of disabled people; this can include people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where possible to enable you to volunteer.

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	

Community First Responder – Procedure for Dealing with Issues

INTRODUCTION

This procedure aims to provide a means by which any issues arising from the volunteer relationship e.g. grievances, conduct, capability and performance can be discussed between a Community First Responder (CFR) and their Community Defibrillation Trainer (CDT). The procedure is designed to encourage early resolution of any issues through open and supportive discussion at problem solving meetings.

CFRs to observe high standards of discipline and conduct expected of the ambulance service whilst volunteering on CFR duties. These standards will be highlighted during the training programme and will include such issues as patient confidentiality and inter-professional communication.

Yorkshire Ambulance Service NHS Trust reserves the right to remove any member from a Community First Responder Scheme under the terms of the Volunteer Agreement signed by both parties in cases where conduct is deemed by the Trust to constitute a breach of these professional standards.

GENERAL PRINCIPLES

It is essential that all parties in a problem solving meeting ensure that privacy and strict confidentiality is maintained at all times.

Neither party to a problem solving meeting shall initiate any reference to the media or to other volunteers who are not involved.

Many issues occur as a result of training needs, a requirement for support, or external factors, all of which can be discussed and resolved. The volunteer may need extra training, a break from volunteering, reminding of policies and procedures etc.

Volunteers are encouraged to speak with their CDT as soon as an issue arises in an attempt to resolve issues quickly and informally. Equally, a CDT will raise any issues directly with the CFR as soon as possible. It is expected that most issues will be resolved at this stage.

However the CDT may escalate the issue to the Community Defibrillation Officer (CDO) where the CDT believes the issue should be dealt with at a more senior level and the more structured procedure outlined below will be followed

Any volunteer who is charged with, or convicted of, a criminal offence (including receipt of a summons) must inform their CDT/CDO immediately. Failure to inform the relevant party may result in the immediate termination of the Volunteer Agreement with the volunteer concerned (see section Termination of a Volunteer Agreement).

All timescales listed are estimated, volunteers may have other commitments that may mean timescales have to be agreed to suit those commitments.

Notes will be made of all meetings with volunteers and a letter detailing the content and outcome of the meeting(s) will be provided within 7 days of the meeting taking place.

PROCEDURE

First Meeting

If an issue is raised, whether internally or externally, with regard to a volunteer in terms of their behaviour, attitude, conduct or performance or a volunteer raises an issue of concern, which cannot be resolved by the CDT; a meeting will be arranged with the volunteer by the CDO as soon as practicably possible (but within no more than two weeks of the issue being raised) in order to discuss the situation. If the CDO needs to look into matters in more detail then the meeting will be adjourned and reconvened.

Second Meeting

The CDO will feed back to the CFR in terms of findings and proposed action. In most cases the proposed actions should be mutually agreed. This should be no more than two weeks after the first meeting.

If the issue involves the CDO then the volunteer should request a meeting with the Head of Community Resilience who will follow the same procedure.

TERMINATION OF A VOLUNTEER AGREEMENT

Where termination of a Volunteer Agreement is required, the recommendation and the full reasons for it will be provided in writing by the CDO to the Head of Community Resilience who will consider the issue and make the final decision with the Associate Director of Resilience and Special Services. The Head of Community Resilience will, wherever possible, conduct the second meeting and inform the volunteer of the decision.

Where a volunteer refuses to meet to be informed of the decision to terminate a volunteer agreement this will be confirmed in a letter sent to the volunteer's home address.

APPEALS

There is no appeals process in relation to this procedure for volunteers.

STORING FILES

Records of all meetings and information relating to the above will be kept in the volunteer's file for the duration of their volunteering with the Trust. Following their removal from the scheme their file will be retained, as with all ex-volunteer files, for 6 years.