



Cotswold Care Hospice

Burleigh Lane
Minchinhampton
Glos. GL5 2PQ

Tel 01453 886868

Volunteer Application Form - Therapist

This application form provides us with basic information for our records, which are kept confidential. Thank you for your co-operation.

Name:		DOB:
Address:		
Postcode:	Tel No:	Mob. No:

Main Occupation: _____

Retired: Yes/No

Next of Kin:	
Emergency Contact Telephone No:	
Are you registered disabled?	

Therapy you wish to offer: _____

Qualification:	Date:
Length of Training:	
Course Content:	

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Length of Training:	
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Course Content:

Please give details of membership of Professional Bodies:

Please give details of insurance cover, policy provider, etc:

Are you currently working as a practising Complementary Therapist?	Yes	No
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If yes, how long have you been in practice?

Do you receive any type of professional supervision for your own needs?	Yes	No
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Please give details:

Are you involved in a programme of continual professional development	Yes	No
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Please give details:

Do you have experience of working with patients with life threatening illnesses?

Please give brief details:



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How do you feel your complementary therapy skills could be helpful in a palliative care setting?

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Have you had any recent bereavements?

Whilst not wishing to invade your privacy, we trust you will appreciate our need to ask this question.

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Please supply details of 2 referees – at least one who knows you in a professional/complementary therapy capacity.

Name:	Name:
Address:	Address:
Relationship to you:	Relationship to you:

In order to comply with the National Care Standards Commission, all new volunteers with access to patients will be subject to a Criminal Records Bureau Disclosure.

Two passport size photos are required for our records.

How did you hear about Cotswold Care Hospice?

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Please return to Suzie McDonnell, Volunteer Co-Ordinator at Cotswold Care Hospice.

Email: suzie.mcdonnell@cotswoldcare.org.uk

Signature: _____ Date: _____

