



THE NORTH DORSET RAILWAY TRUST

Shillingstone Station St Patrick's Industrial Estate Station Road Shillingstone Blandford Forum
Dorset DT11 0SA Registered Charity No. 1087161 VAT Reg. No. GB 899766229

Application to Work as a Volunteer

Please complete the application below and hand it in to a member of the station staff or send it to :

Alan Wiseman, TNDRT Membership Secretary, Wayside, Plush, Dorchester, Dorset, DT2 7RN

PLEASE COMPLETE THE FOLLOWING CLEARLY IN BLOCK CAPITALS

Your Full name

Are you already a member ? **YES / NO**

Membership No.

If you are an existing member, please write your membership number in the box and go to question 1. If you are not a member, please complete the section for address and contact details.

Your Address

Postcode

Home Telephone No.

Mobile Tel. No.

Email

Date of birth (if under 16 or over 60)

Please give name(s) of person(s) we should contact in the event of an emergency

Their relationship to you

Their telephone number(s)

When would you normally be available (tick any/all that apply) :

Saturdays Sundays Wednesdays Occasionally / when called for

Within reason, how often would you be willing to work at the station (tick as appropriate)

Every/Most weeks Two or three times a month

Do you have any practical experience, recognised certifications or qualifications in respect of the work you would like to do ? **YES / NO** *If yes, please provide details and, if you have certification for specific work, please state if this is current and valid. We may ask to see this certification if you are to carry out work requiring accreditation :*

Have you worked previously on another railway (heritage or mainline) ? **YES / NO** *If yes, please give name of railway, position(s) held, dates worked and reason for leaving.*

Application to Work as a Volunteer (cont.)

Excluding minor motoring infringements, have you ever been convicted of a criminal offence or are you aware of any such case pending ? **YES / NO**. If yes, please give details including dates.

If there is anything else you would like to tell us about how you can help us, please use this space. If necessary, continue on a separate sheet.

Before you may start volunteer work for the North Dorset Trust, we shall require you to complete a Standard Medical Questionnaire and, if you are to undertake certain safety critical work, an additional supplementary questionnaire.

You may also be asked to undergo an enhanced CRB (Criminal Records Bureau) check in respect of any work you may undertake with children and young persons.

DECLARATION

I confirm that, to the best of my knowledge, the information I have given in the application to work as a volunteer for the North Dorset Railway Trust and accompanying medical questionnaire(s) is true and accurate.

I agree to the North Dorset Railway Trust carrying out any checks as detailed above that may reasonably be required in connection with this application.

I understand and accept that the North Dorset Railway Trust reserves the right to decline applications for volunteer work at the discretion of the management.

Signature

Date



THE NORTH DORSET RAILWAY TRUST

Volunteer Medical Questionnaire

THE FOLLOWING QUESTIONS MUST BE ANSWERED AS CAREFULLY AND ACCURATELY AS POSSIBLE. USING BLOCK CAPITALS

The information you have supplied in this questionnaire will be checked by the Trust's Medical Officer and held in accordance with the principles of the Data Protection Act 1998 and the Trust's own data protection policy.

PLEASE READ CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

This questionnaire must be completed fully and accurately by ALL volunteers. If you are unsure how to answer questions 3 or 4, you should consult your doctor for guidance. If further doubt exists, either you or your doctor may discuss the job requirements and working environment with your line manager.

Full Name _____ NDRT Dept _____
Current Occupation
(or previous if retired) _____
Contact Tel : _____ Email _____

Name and address of GP _____

Postcode _____ Doctor's Tel : _____

1 Have you been unavailable for work for medical reasons for periods of more than two weeks duration in the last five years ? (tick appropriate box) **YES** **NO**

If YES, please give details of each absence of more than two weeks duration.

2 How many days in total have you been unavailable for work for medical reasons in the past 12 months ? _____ days

3 Are you receiving medical attention or receiving any medicine or drugs that might affect your capacity to carry out the work for which you have applied safely ? **YES** **NO**

If YES, please give details.

4 Do you have any illness, allergy or other condition** which might affect your suitability to carry out volunteer work for the North Dorset Railway Trust ? **YES** **NO**

If YES, please give details.

** examples of illness or other relevant conditions include; vision deficiencies, disorders of the heart or arteries, diabetes, chronic infection, epilepsy, fits, fainting blackouts, giddiness, back trouble, arthritis, chest complaints, alcohol-related problems, and nervous or psychiatric conditions. Please note that this list is not an exhaustive list and any known health problem that may affect your ability or safety to work should be declared.

5 Do you suffer from now or have you at any time suffered from any of the following (except for short periods)?
Tick the YES or NO boxes as appropriate :

	YES	NO
[a] Problems with your chest (eg recurrent bronchitis or asthma)	<input type="checkbox"/>	<input type="checkbox"/>
[b] Blood pressure, angina or other heart problem	<input type="checkbox"/>	<input type="checkbox"/>
[c] Fits, fainting, dizziness, blackouts or other diseases of nervous system	<input type="checkbox"/>	<input type="checkbox"/>
[d] Problems with stomach or abdomen	<input type="checkbox"/>	<input type="checkbox"/>
[e] Any condition affecting the throat, ears or eyes	<input type="checkbox"/>	<input type="checkbox"/>
[f] Any defect of vision	<input type="checkbox"/>	<input type="checkbox"/>
[g] Do you wear glasses ? (give date of last examination _____)	<input type="checkbox"/>	<input type="checkbox"/>
[h] Colour blindness (a test is mandatory for certain work)	<input type="checkbox"/>	<input type="checkbox"/>
[i] Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
[j] If yes, do you wear a hearing aid ?	<input type="checkbox"/>	<input type="checkbox"/>
[k] Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
[l] Hernia	<input type="checkbox"/>	<input type="checkbox"/>
[m] Back problems including discs, arthritis, gout or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
[n] Any physical deformity	<input type="checkbox"/>	<input type="checkbox"/>
[o] Any mental illness eg depression, anxiety, stress	<input type="checkbox"/>	<input type="checkbox"/>
[p] Any alcohol related problems	<input type="checkbox"/>	<input type="checkbox"/>
[q] Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
[r] Any other illness or condition not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the YES boxes, please provide details of the conditions that affect you :

6 Please give details of any prescribed medication that you take :

7 Please give details below of any other relevant information not covered elsewhere in this questionnaire (continue on a separate sheet if necessary)

Please check that you have completed this form fully and accurately before signing the declaration below

DECLARATION

I declare that

- [1] the answers I have given above are, to the best of my knowledge and belief, true, complete and correct in every respect.
- [2] I give the Trust's Medical Officer permission to contact my own doctor for further particulars of my medical records if this should prove necessary.
- [3] I agree to undergo a medical examination if this is required before I commence working for the North Dorset Railway Trust or if there is a legal requirement to do so.
- [4] I agree to notify the Medical Officer of the NDRT of any subsequent amendments to my medical condition or circumstances that would effect my working activities on site.

Your signature _____

PRINT Full Name _____ Date _____