



The Listener's Choice

# Chichester Hospitals Broadcasting Association Membership Application Form

Thank you for your interest in joining our association.

Please complete this form and return it to the **Membership Secretary** at the following address:  
**CHR Studio, St Richard's Hospital, Spitalfield Lane, Chichester, West Sussex, PO19 4SE**

**Title:** Mr/Mrs/Miss/Ms/Other (Please State) .....

**Name**.....

**Address**.....

.....

.....

**Home Phone**..... **Work Phone**.....

**Mobile** ..... **Date of Birth**.....

**Email**.....

**Hobbies & Interests:**

.....

.....

Have you previous experience of broadcasting? **Yes / No**

If yes, please provide details and give reasons for leaving below:

.....

.....

Please indicate below which areas of CHR voluntary work you would prefer not to be involved in after your 3 month probationary period. (Note: Ward Visiting is mandatory during the first 3 months)

~ Ward Visiting	<b>Yes</b>	<b>No</b>	<b>Unsure</b>	~ Fund Raising	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
~ Computers	<b>Yes</b>	<b>No</b>	<b>Unsure</b>	~ Record Library	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
~ Broadcasting	<b>Yes</b>	<b>No</b>	<b>Unsure</b>				

Please indicate day/s and times you are available.

(Note: Probationary placement is Mon-Sat between 7-10pm)

**Mon**    **Tues**    **Weds**    **Thurs**    **Fri**    **Sat**    **Sun**

to        to        to        to        to        to        to

How would you describe your health? (Please Circle)        **Good**    **Fair**    **Poor**

Please state below the nature of any health problems (physical or mental) that might affect your voluntary placement at CHR.

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Do you have use of or access to a vehicle? **Yes / No**

Have you undertaken any voluntary work in the past? **Yes / No**

If yes, please give details below including the name of the organisation you worked for and the type of work undertaken.

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How did you become aware of Chichester Hospital Radio?

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What prompted your application?

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Please provide the names, addresses and telephone numbers of two referees (not family) who we can contact if required, one of whom should be a professional person.

E.g: Doctor, Employer, Teacher, Religious Minister or somebody of similar standing.

**Name** .....

**Address** .....

.....

.....

**Phone** .....

**Name** .....

**Address** .....

.....

.....

**Phone** .....

**REHABILITATION OF OFFENDERS ACT 1974**

Because of the nature of the work involved, the post for which you are applying is exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions Order 1975).

This means that you are not entitled to withhold information relating to any convictions you may have had, and failure to do so could result in your dismissal.

Do you have any such convictions to disclose?

**Yes / No**

If yes, please provide details on a separate sheet of paper, attached to this application.

Please provide the name and telephone number of the person you would wish us to contact in the event of an emergency.

**Name** .....

**Phone** .....

**Relationship** .....

The information you have supplied is strictly confidential and will not be given or sold to any other person or organisation outside of Chichester Hospitals Broadcasting Association. A list of members and their phone numbers is kept in the studio complex. A full membership list providing names, addresses, telephone numbers and email addresses is provided to officers on the association's committee. The Membership Secretary and Treasurer keep a record on a database of these details to assist in the completion of their administrative tasks.

Do you agree to your name, address, telephone number, email address and membership number being added to our membership records on the CHBA computer database?

**Yes / No**

(If No, records will be maintained manually)

I confirm that all the details provided are factually accurate to the best of my knowledge.

**Signature** ..... **Date**.....