**Expression of Interest: Volunteer for Welfare Wagon**

Please email to [OCE.EEAST@eastamb.nhs.uk](mailto:OCE.EEAST@eastamb.nhs.uk) on completion

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| --- | --- |
| **Full name of employee** |  |
| **Job title** |  |
| **Hours** |  |
| **Division and base** |  |
| **Current Driving Licence**  We need to verify your licence status and we require a DVLA code to undertake this check.  To retrieve your DVLA code, please go to the Government website and enter your details:  <https://www.gov.uk/view-driving-licence> .  Once retrieved, if you could forward the licence check code on this form. Please note that the code is case sensitive. |  |
| **Available dates**  Please include any dates you are happy to help and these will be shared with your closest locality. Shifts will be allocated by the local operational team.  Please include your preferred location |  |
| **Self declaration that you are working under normal circumstances (i.e. not off sick or under suspension)**  (Staff on maternity leave, career breaks and volunteers are included) |  |
| **Approval from Line Manager** |  |
| **Date** |  |

**Please ensure that this proforma is completed and returned to the office of the Chief Executive.**

Email: [OCE.EEAST@eastamb.nhs.uk](mailto:OCE.EEAST@eastamb.nhs.uk)