



**Radio  
Wulfrun**

HOSPITAL BROADCASTING  
NEW CROSS HOSPITAL, WOLVERHAMPTON WV10 0QP  
TELEPHONE: 01902 695099  
WWW.RADIOWULFRUN.CO.UK

**Please Return To:  
The Recruitment Officer,  
Radio Wulfrun, Building 12,  
New Cross Hospital,  
Wolverhampton, WV10 0QP.  
Tel: 01902 695099.**

## APPLICATION FORM

### Personal Details

<b>Surname Mr / Mrs / Ms / Miss:</b>	
<b>First Name(s):</b>	
<b>Address ( including Post Code ):</b>  <b>Telephone Number:</b> <b>Are you happy for this Number to be available to other Members? :</b> <b>Email Address ( If Applicable ):</b>	
<b>Date Of Birth:</b>	
<b>Do You Have Your Own Transport? :</b> <b>Are You Prepared To Help With Fund Raising Activities? :</b> <b>PLEASE NOTE: Participation Is expected under The Constitution Of Membership.</b>	

**Why Do You Wish To Join Radio Wulfrun? :**

**Please Continue On a Separate Sheet If Necessary.**

**If Your Application Is Successful you would join as A Programme / Presenters Assistant, collecting Requests from the Wards and preparing Music for The Presenter. This Role is the starting point for all new Members, and gives a basic knowledge of our Organisation.**

**All Positions are promoted from within**

**PLEASE NOTE: We are unable to accommodate Students on Work Experience.**

**We welcome Applications from 18 Years+. However, due to the Nature of the Organisation, we particularly encourage Applications from those 25+ with a Mature Outlook.**

## References

Please provide Two Referees with Full Contact Details, who will be able to comment on your Personal Qualities and Suitability.

If you have not been in Employment for a considerable time, we welcome a Personal Reference from a Professional ( Doctor, Solicitor or Minister Of Religion etc. ). A Further Reference will be required from an Individual who has known you for a period of time and would be willing to attest to your Character.

It will be the responsibility of the Applicant to contact the Referee in the event of a lost Reference.

Once References are received and satisfactory, The Recruitment Officer will invite you to attend an Interview.

### REFEREE ONE

Type of Reference:	Employer / Professional (Delete as Appropriate)		
Title:			
Surname Name:		First Name:	
Referee Job Title:			
Address:			
Postcode:			

### REFEREE TWO

Type of Reference:	Personal		
Title:			
Surname Name:		First Name:	
Referee Job Title:			
Address:			
Post Code:			

**If Your Application is successful, continued membership will be confirmed following a 3 Month Probationary Period, and DBS Check undertaken by The Royal W-ton Hospitals Trust.**

**Declaration**

**To the best of my knowledge the details in this Application Form are True. I agree that any deliberate omission, falsification / misrepresentation in the Application will be grounds for rejection or dismissal.**

**All Offers made by RW are conditional, and therefore appointment is subject to Satisfactory Medical, Reference Clearance, and CRB/DBS Screening by the RWHT.**

**I agree to the above declaration.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**