



**PATIENT ADVICE & LIAISON DEPT.**

## Volunteer General Registration Form

**CONFIDENTIAL**

### PERSONAL DETAILS

**Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone (Home):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

### AVAILABILITY

**Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_

**Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_

**Friday** \_\_\_\_\_ **Saturday** \_\_\_\_\_

**Sunday** \_\_\_\_\_

**Are you available to volunteer evenings:** Yes  No

**Method of Transport** \_\_\_\_\_



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**REFERENCES**

Please supply the name, address and contact details of two referees (not relatives),

Reference: (1) \_\_\_\_\_

Reference: (2) \_\_\_\_\_

**MEDICAL**

Do you have any medical condition or illness that might affect your work as a volunteer?

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once completed please return this form:**

By email to: [pals@tuh.ie](mailto:pals@tuh.ie)

By post to: Patient Advice & Liaison Service (PALs)  
Tallaght University Hospital  
Tallaght  
Dublin 24  
D24 NROA

Hand Deliver to: PALs Department in main atrium of hospital.