Volunteer Application

Apply to support guest experience, protocol, media, production, logistics or digital delivery. CHA asks only for information needed at the application stage.

01 Contact details

FULL NAME *

EMAIL ADDRESS *

TELEPHONE *

CITY / LOCATION *

02 Role and availability

PREFERRED VOLUNTEER ROLE *

AVAILABILITY AROUND 10 DECEMBER 2026 *

RELEVANT EXPERIENCE (OPTIONAL)

DATA MINIMISATION

CHA does not request date of birth, gender, full home address, government ID, medical history or emergency-contact details at this application stage. Selected volunteers may later receive a separate onboarding request for information genuinely needed for safety and role administration.

03 Your motivation

WHY WOULD YOU LIKE TO VOLUNTEER WITH CHA? *

04 Privacy and applicant terms

VOLUNTEER APPLICANT PRIVACY

The CHA Secretariat and authorised event leads use this information to assess applications, communicate decisions and plan suitable roles. Unsuccessful applications are scheduled for deletion six months after the decision. Selected volunteer administration is reviewed within 24 months after the event. Information is not added to unrelated marketing lists. Full notice: thecapitalhealthawards.com/privacy

- [ ] I confirm that the application information is accurate.
- [ ] I understand that applying does not guarantee selection and that selected volunteers must follow CHA briefing, conduct, confidentiality and safety instructions.

TYPED FULL NAME / SIGNATURE *

DATE (DD / MM / YYYY) *

SUBMIT THE COMPLETED FORM TO

thesecretariat@thecapitalhealthawards.com

Subject: CHA 2026 Volunteer Application - [Applicant Name]

Do not send patient records, passwords or unrelated identity documents.