**Volunteers Wellbeing Risk Assessment – Therapeutic Support Team**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Address:**  |  | **Contact Information:** |  |
|  |
| **Section 1 - Do you or any member of your household have any of the following underlying health conditions which make you clinically vulnerable** *(Evidenced for example by a letter from their doctor or healthcare professional)? (✓ tick as appropriate)* |
| **□** Chronic (long term) respiratory disease, such as asthma (requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD), emphysema or bronchitis**□** Chronic heart disease, such as heart failure**□** Chronic kidney disease**□** Chronic liver disease, such as hepatitis**□** Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral pals**□** Diabetes**□** Problems with your spleen – for example, sickle cell disease or if you have had your spleen removed**□** A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy **□** Being seriously overweight (a body mass index (BMI of 40 or above)**□** Pregnancy**□** Other **(please disclose in ‘Monitoring Information’**) |
| - **If any of the above are ticked** – Advise volunteer that we are required to liaise with Occupational Health regarding the outcome of this risk assessment before we can move forward with their return. Explain that they will remain on the database and be contacted as soon as any updates are given.- **If none are ticked**, please continue to *Section 2* |

|  |
| --- |
| **Section 2 – Monitoring Information**  |
| **Are you aware of health condition/disability which might affect or impair your ability to undertake volunteering?** **□** Yes **□** No  |
| **Are you aware of a health condition/disability which might affect your volunteering and which might require reasonable adjustments?** **□** Yes **□** No |
| **Do you have any allergies?****□** Yes **□** No |
| *If indicating* ***yes*** *to any of the questions above, please provide further details:* |
| **Have you been a resident in the UK for the last 5 years?****□** Yes **□** No |
| **Have you been out of the country for a period of over 3 months in the last 5 years?** **□** Yes **□** No If **YES**, please give details of where and dates: |
| **VACCINATION HISTORY:****All those under the age of 25 MUST provide history of vaccinations from their GP.**  |
| **How would you describe your ethnic origin?****□** White – British **□** Black or Black British – Caribbean **□** White – Irish **□** Black or Black British – African **□** White – Any other white background **□** Black or Black British – Any other Black background **□** Mixed – White and Black Caribbean**□** Asian or Asian British – Indian **□** Mixed – White and Black African **□** Asian or Asian British – Pakistani **□** Mixed – White and Asian**□** Asian or Asian British – Bangladeshi **□** Any other Mixed background**□** Asian or Asian British – Any other Asian background **□** Other Ethnic Group – Chinese **□** Other Ethnic Group – Any other Ethnic Group **□** I do not wish to disclose my ethnic origin**- BAME** - If volunteer falls within any of the BAME categories please explain… – “you may be aware of the evidence that is currently being reviewed by Public Health England, which shows that black, Asian and minority ethnic communities are disproportionately affected by COVID-19.We want you to feel safe and supported whilst volunteering and there is an opportunity for you to gain further support from occupational health at James Cook Hospital. Would this be something you would like us to do for you or are you happy to proceed without this.”**□ Requested further support from Occupational Health** - Explain that they will remain on the database and be contacted as soon as any updates are given.**□ Does not require further support from Occupational Health** – Please continue to *Section 3* |
|  |
|  |
| **Summary of assessment:****Application can proceed:****□** Yes **□** No**Or referral to Occupational Health:****□** Yes **□** No |
| **Sign:** |  | **Date:** |  |