Front Desk Evaluation Form

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| Name: Date:Time In: Time Out: |
| How many patients: | Total |
| 1 | Did you temperatures check, ask questions and give PPE to? | (Example IIII) |  |
| 2 | Did you give verbal directions to? |  |  |
| 3 | Did you escort to their destination? |  |  |
| 4 | Did you provide support to in addition to the above? |  |  |
| Did you encounter:  |
| 5 | Faulty/temperamental equipment i.e. temp scanners working intermittently/accessing the lockers? *(please circle answer*) | Yes No |  |
| 6 | An unhappy patient / relative / member of staff? *(please circle answer)* | Yes No |  |
| 7 | Something that you feel we ought to know about? *(please circle answer)* | Yes No |  |
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| 8 | Did you feel supported by staff/supervisor? | Yes No |
| 9 | Did you get an adequate break? | Yes No |
| 10 | Overall, do you feel you made a difference to the patients experience and staff support today? | Yes No |
| 11 | Was there anything you were unsure about today that we can assist you with? | Yes No |
| 12 | Did you feel a sense of purpose today? | Yes Don’t know No |
| 13 | Has volunteering increased your confidence? | Yes Don’t know No |
| Please complete this form during your shift and return it to the volunteer’s office before you go home. IMPORTANT – if you answered **No** to questions 5 - 13 please provide details overleaf or email volunteers@lwh.nhs.uk if you would prefer to communicate confidently. |