**Returning Volunteers Wellbeing Risk Assessment**

|  |  |
| --- | --- |
| **Department:**  |  |
| **Date of assessment:** |  |
|  |
| **Name:** |  |
| **Date of Birth:** |  |
|  |
| **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)- **If any of the above are ticked** - Candidate to be advised to refrain from volunteering until further notice. 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**  |
| **Do you consider yourself to have a disability?** **□** Yes **□** No **□** I do not wish to disclose |
| **Do you require any reasonable adjustment to be made for you when returning to your volunteering role?** **□** Yes **□** No  |
| **How would you describe your religion or belief?****□** Christian (including Church of England, Catholic, Protestant and all other Christian denominations)**□** Buddhist **□** Hindu **□** Jewish **□** Muslim**□** Sikh **□** Any other religion **□** None **□** Prefer not to say  |
| **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**□** Asian or Asian British – Indian **□** Mixed – White and Black Caribbean**□** Asian or Asian British – Pakistani **□** Mixed – White and Black African **□** Asian or Asian British – Bangladeshi **□** Mixed – White and Asian**□** Asian or Asian British – Any other Asian background **□** Any other Mixed background**□** Other Ethnic Group – Chinese **□** I do not wish to disclose my ethnic origin**□** Other Ethnic Group – Any other Ethnic Group |
|  |
| **Section 3 – Points for discussion** |
| 1. Volunteering will be reinstated from 1st September 2020 **Discussed? *□ Yes □ No***2. All volunteers will be expected to attend a 2 hour induction training session before returning to their role. This will include:Donning and Doffing of Personal Protective Equipment, Changes to the volunteering role (Post Covid 19), Updates of training and policies, an opportunity for volunteers to ask any questions they may have. **Discussed? *□ Yes □ No***  3. Discuss dates for training sessions and book them onto a date convenient for them. **Booked onto a training session? *□ Yes □ NO*** **DATE =** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Summary of discussion:** |
| **Risk assessment completed by (NAME):** |  |
| **Sign:** |  | **Date:** |  |