

**HELPFORCE COMPANIONS - VOLUNTEERING EXPRESSION OF INTEREST 2021**

Thank you for your interest in volunteering with UPG and the Helpforce Companions project at Bush Doctors practice.

Helpforce Companions provide additional support to vulnerable patients at a local GP surgery.

We need to ensure safeguarding procedures for you and the patients. Please complete the questions below and if you need help with the form or more information, please contact the Coordinator (details at the end of the form).

Your offer to help local community members is much appreciated!

**\* 1. Your details:**

First name

Last name

**\* 2. Your address:**

Line 1

Line 2

Line 3

Post Code

**\* 3. Your contact details:**

Mobile

Landline

Email

**\* 4. In case of emergency, please give us a contact of someone close to you (name and phone number):**

Name

Relationship

Phone number

**\* 5. Do you have a recent enhanced DBS certificate?**

**(Helpforce Companions are required to have a DBS as you will support vulnerable people. If you don't a certificate, we will arrange one and cover the cost of your application).**

No

Yes - Certificate number and date it was issued:

**\* 6. Your age group:**

**(You must be over 18 to volunteers as a Helpforce Companion).**

18-24

45-54

25-34

55-64

35-44

65+

**\* 7. What kind of tasks could you help with? (Please tick all that apply)**

Telephone reminders (for example, to remind a patient about their medical appointment)

Telephone befriending

Escorting (for example, to GP practice and hospital appointments, local community services)

Shopping and delivery - essential items/prescriptions

Walking companion (physical exercise)

Gardening (outside areas)

Anything else you can help with that is not listed here?

**\* 8. Please indicate your weekly availability (tick all that apply):**

AM (8 AM to 12 noon)

PM (12 noon to 5 PM)

MON

TUE

WED

THU

FRI

SAT

SUN

**9. What other languages can you speak? (Please select all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Persian /<br>Farsi | <input type="checkbox"/> Spanish               |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Polish             | <input type="checkbox"/> Tagalog /<br>Filipino |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Portuguese         | <input type="checkbox"/> Tigrinya              |
| <input type="checkbox"/> Oromo                  | <input type="checkbox"/> Somali             |  |
| <input type="checkbox"/> Other (please specify) |   |  |

**10. What is your current occupation?**

- |   |   |
|---|---|
| <input type="checkbox"/> Full-time student                | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Working part-time                | <input type="checkbox"/> Retired        |
| <input type="checkbox"/> Working full-time                | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Unemployed, but looking for work |   |
| <input type="checkbox"/> If other, please specify:        |   |

**11. How did you hear about Helpforce Companions at Bush Doctors?**

- Bush Doctors GP surgery
- Addison Community and Maternity Champions
- Locality Matters
- Social Media
- Urban Partnership Group hubs (Masbro Centre, Edward Woods, White City)
- Other (please specify)

**DATA PROTECTION:**

All personal data is stored securely and relevant personal information will only be shared with authorised staff to support your volunteering role.

For more information on our data protection policy click here [www.upg.org.uk/privacy-policy](http://www.upg.org.uk/privacy-policy)

**HELPFORCE COMPANIONS COORDINATOR:**

Barbara Shelton  
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