PRIVATE & CONFIDENTIAL

Return to Volunteering Form - Aintree Site

**Please complete and return to the Volunteer Office as soon as possible**

If you have any questions or you would like further information, please do not hesitate to contact the Volunteer Team on 0151 529 2408

or e-mail san.cheung@liverpoolft.nhs.uk/sandra.buchanan@liverpoolft.nhs.uk

|  |  |
| --- | --- |
| Name: |  |
| Contact Tel: |  |
| Email: |  |
| D.O.B: |  |
| Are you are current volunteer or a new volunteer waiting to start? (Please Tick) | CurrentNew |
| Do you want to resume your volunteering going forward? |
| If **Yes**, please answer the below questions | If **No**, please tell us why? |
| What role do you usually undertake at the hospital? |  |
| Have you received a letter from your GP or other healthcare provider asking you to shield for 12 weeks for medical/health reasons? (Please Tick) | YesNo |
| Do you fall into one of the at-risk groups listed below? (Please Tick)- People over the age of 70- Adults who would normally be advised to have a flu vaccine- Chronic respiratory diseases, such as asthma, 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, MS, a learning disability or cerebral palsy- Diabetes- Problems with your spleen – Such as, 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 (BMI of 40 or above)- Pregnant women. | YesNo |
| Do you have any other underlying health conditions? (Please Tick) | Yes No |
| If **Yes**, are you happy to discuss this with Occupational Health department | YesNo |
| Would you consider supporting a different volunteer role on your return? | Yes No |
| Any Other Comments you would like to make: |
|  |