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](mailto: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) | Current New |
| 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) | Yes No |
| 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. | Yes  No |
| Do you have any other underlying health conditions? (Please Tick) | Yes  No |
| If **Yes**, are you happy to discuss this with Occupational Health department | Yes  No |
| Would you consider supporting a different volunteer role on your return? | Yes  No |
| Any Other Comments you would like to make: | |
|  | |