

 The easiest way to complete this form is to save it your desktop, complete and send as an attachment

 **VOLUNTEER COVID 19 SELF ASSESSMENT AND GUIDANCE**

**INFORMATION ABOUT YOU**

**Title:**

**Date of Birth:**

**Last Name:**

**First Name:**

**Email:**

**Mobile:**

**Home Number:**

**Address:**

**VOLUNTEER ROLE & LOCATION**

**(At St Thomas’ / Guy’s / Community / other)**

|  |
| --- |
| **SELF DECLARATION (COVID-19)****CLINICALLY AND EXTREMELY CLINICALLY VULNERABLE** If you have any of the following health conditions, you are clinically or extremely clinically vulnerable, meaning you are at an increased risk or very high risk of severe illness from coronavirus. **You are strongly advised not to resume volunteering for the time being** and to follow the latest Government advice which can be found by following the link to NHS.uk website: <https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/> **CLINICALLY VULNERABLE** * aged 70 or older (regardless of medical conditions)
* under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
* chronic (long-term) mild to moderate respiratory diseases, such as asthma, 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), or cerebral palsy
* diabetes
* a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets)
* being seriously overweight (a body mass index (BMI) of 40 or above)
* pregnant women

**EXTREMELY CLINICALLY VULNERABLE** * Solid organ transplant
* Volunteers with specific cancers:
* Volunteers who are undergoing active chemotherapy or radical radiotherapy for lung cancer
* Volunteers with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
* Volunteers having immunotherapy or continuing antibody treatments for cancer
* Volunteers having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
* Volunteers who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
* Volunteers with severe respiratory conditions including cystic fibrosis, severe asthma and severe COPD
* Volunteers with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as severe combined immunodeficiency, homozygous sickle cell)
* Volunteers with immunosuppression therapies sufficient to significantly increase risk of infection
* Volunteers who are pregnant, with significant congenital heart disease
 |
| I have reviewed the list above and can confirm: I **DO NOT** fall into a vulnerable or extremely vulnerable groupI **DO** fall into the clinically vulnerable group **but wish to resume** **volunteering**. I understand Voluntary Services will need to conduct a risk assessment with me. The decision to be able to resume volunteering or change to another suitable volunteer role **if available** will be taken after this assessment.  |

I have read the guidance regarding volunteers from a BAME background and can confirm:

**I DO NOT** fall into this category

**I DO FALL** into this category and request a risk assessment to be undertaken with Voluntary Services. The decision to be able to resume volunteering or change to another suitable role **if available** will be taken after this assessment.

**I DO FALL** into this category but do not wish a risk assessment to be undertaken and understand this will be documented in my volunteer folder

**GUIDANCE FOR BLACK, ASIAN AND MINORITY ETHNIC (BAME) VOLUNTEERS AT INCREASED RISK OF SEVERE ILLNESS FROM COVID 19.**

Evidence has emerged that people form BAME backgrounds are at higher risk of mortality from COVID 19 and are advised to be particularly rigorous in adhering to recommended infection control practice and, where possible, social distancing measures. This may include not using public transport, varying travel times to avoid busy times and/or volunteering from home where possible.

**BAME volunteers are encouraged to request a risk assessment with Voluntary Services.**

**COIVD 19 ADVICE FOR VOLUNTEERS**

I have read the attached Advice for Volunteers.

I accept and understand my responsibility to adhere to this advice including

* What to do if you feel unwell
* Self-isolation and testing if you or a household member becomes unwell
* Infection control
* Social distancing

YES NO

**Are you a carer looking after someone or living with someone who falls into any of the vulnerable groups listed above?**

YES NO

If you have declared **YES** Voluntary Services will contact you to do arrange a risk assessment. The decision to be able to resume volunteering and or change to another suitable role **if available** will be taken after this assessment

**Emergency Contact Details**

Please give us details of a person whom we can contact in case of an emergency

|  |  |
| --- | --- |
| **Name:**  |  |
| **Relationship to you:** |  |
| **Address:** |  |
| **Home phone number:** |  |
| **Mobile:** |  |
| **Email:** |  |

**Confirmation of Information Provided**

By ticking the box below you are certifying that the information you have given on this form is correct,

 Date: ...../…. /…….. Signature: …………………………………

 (Or print name)

**Returning this Form**

 Please return this form via email to: voluntaryservices@gstt.nhs.uk

The easiest way to do this is to save the form to your desktop, complete it and email it to us as an attachment.

If are unable to email please post to: Voluntary Services

 St Thomas’ Hospital

 Westminster Bridge Road

 London SE1 7EH

**If you need assistance in completing this form or returning it to us, please call**

**020 7188 1658 or email:** **voluntaryservices@gstt.nhs.uk**