



SOUTH DERBYSHIRE
VOLUNTEER FORCE

South Derbyshire CVS

Unit G, Sharpes Industrial Estate 6 Alexandra Road

Swadlincote Derbyshire DE11 9AZ

Telephone: 01283 550163 or 07458 304315

Registered Charity No: 1101450 Company No: 4958843

South Derbyshire Volunteer Force – Health Information Form



Please complete the form fully to enable us to support you and do all we can to keep you safe whilst you are volunteering.

What will we do with the information you give us? We will hold the information confidentially and will keep any of your personal information safe in accordance with Data Protection and GDPR and only use it for purposes connected with your volunteering. You may request a copy of the data we hold or its deletion at any point by emailing info@sdcvs.org.uk.

Please complete this form and email to volunteer@sdcvs.org.uk or post it to the Volunteer Force Team at the address above. If you are unable to print the form please do contact us and we will be happy to post a copy to you or even complete the reference over the telephone. If you are struggling to scan the form, to return it, you can take a photograph on a mobile device and email or SMS text it to +44 (0)7458 304315.

PERSONAL DETAILS

Title:	MR/MISS/MRS/MS/MX	Other:	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
First Name:	<input type="text"/>			Surname:	<input type="text"/>								
Address:	<input type="text"/>												
	<input type="text"/>							Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>												
Contact Telephone Number:	<input type="text"/>												

EMERGENCY CONTACT DETAILS

Who should we contact in an emergency?

Name:	<input type="text"/>
Contact Telephone Numbers:	<input type="text"/>
How do you know this person? what is their relationship to you?	<input type="text"/>

GP CONTACT DETAILS

Doctors Name:	<input type="text"/>					
Surgery Name:	<input type="text"/>					
Address:	<input type="text"/>					
	Postcode: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone Number:	<input type="text"/>					

Do you consent to us contacting your GP or sharing information in an emergency?

 Yes No

OTHER SUPPORT WORKER (IE. SOCIAL WORKER/CPN ETC) DETAILS

Name:

Organisation:

Address:

Postcode:

Contact Telephone Number:

Do you consent to contact with support worker and/or sharing information where appropriate to do so? Yes No

HEALTH CONDITIONS AND DISABILITIES

Do you suffer from Anaphylaxis and carry an EPI-PEN?

Yes No

Do you have any ongoing disabilities or health conditions?

Yes No

If you answered **YES**, please provide us with some additional details about your disabilities or health conditions below:

Do you require any support for your ongoing disabilities or health conditions? Yes No

If you answered **YES**, please provide us with some additional details about the support you will require:

Please note this form will be updated on an annual basis, but it is the responsibility of each volunteer to update this form of any new conditions/contacts etc.