Project Description

Use this form as part of your safety planning to describe the work that will be undertaken by a number of

volunteers participating in the project or program. Complete it for:

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|  | **Medical Disclosure Form**CONFIDENTIAL |
| **PART A: TO BE COMPLETED BY THE VOLUNTEER** |
| Volunteer Name | Date of Birth |
| Residential Address |
| Phone | WILDCARE Member No. |
| Emergency Contact Details |
| Name | Relationship to Volunteer |
| Phone | Mobile |
| Are you taking any medication that is likely to affect your safety or the safety of any other person in the workplace? |  ❑ Yes ❑ No |
| If you fail to take any medication is it likely to affect your safety or the safety of any other person in the workplace? |  ❑ Yes ❑ No |
| *If the answer to either of these questions is* ***yes*** *please provide details:* |
| Do you have any condition that is likely to affect your safety or the safety of others in the workplace (including any allergic reactions) |  ❑ Yes ❑ No |
| *If* ***yes*** *please provide details:* |
| If the answer to any of the previous questions is “yes” the Group President will have discussions with you prior to consideration being given to your participation in the project. |
| I  | *(volunteer’s full name – printed)* |
| * acknowledge that I may be required to complete a new form every twelve months and in the event of any change in information I must notify the Group President
* acknowledge that I must not consume alcohol or drugs while volunteering unless it is for legitimate medical reasons.
* certify that the information provided in this form is correct to the best of my knowledge*.*
* agree to this information being accessed and acted on for safety and emergency purposes by the Group President and any Project Leader assigned by the Group
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| Signature | Date  |

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| PART B: TO BE COMPLETED BY THE GROUP PRESIDENT |
| Discussion undertaken with the volunteer?  |  ❑ Yes ❑ No |
| *If* ***yes*** *please provide a summary of the discussion:* |
| Presidents initials | Volunteers initials |
| Based on the information provided for the volunteer on the above form, approval **IS** / **IS NOT** *(please circle)* given to participate in projects during this membership year (20\_ \_ ) |
| *Where approval is given please list* ***any*** *approval condition:* |
| Participant advised of reasons where approval is not granted | ❑ Yes Date: ❑ No ❑ N/A |
| Presidents Name |
| Signature | Date  |
| Please note:This form and its content is to be held confidentially by the Group President. Project leader may access information on this form for emergency and planning purposes. |