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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **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 | | | | | | |
| Signature | | | | | Date | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |