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. | | | | |