**Combat Stress Volunteer Health Assessment**

**Completion of this form MUST only be requested AFTER applicants have been accepted as volunteers. Please return this form back to the HR Department. This form will be kept on your main file held in Head Office.**

|  |  |
| --- | --- |
| **Name:** | **D.O.B:** |
| **Contact Tel No:** | **Volunteer Role:** |
|  | **Date:** |

**Equality Act 2010**

The Equality Act 2010 makes it unlawful to discriminate against any disabled person in connection with their volunteering. Under the Act, organisations have a responsibility to identify if any adjustments or assistance is required to enable you to do your role.

\*A ‘disability’ is defined as **any physical** or **mental impairment** that has a **substantial** and **long term** negative effect on the ability to undertake normal day to day activities.

To enable Combat Stress to identify any support needs you may have and to ensure that, where appropriate, adjustments to the volunteering role and environment can be made, we would like to give you the opportunity to tell us about your health needs and disabilities.

**Assessment:**

\*Do you have a disability as defined above? **Yes No**

Do you have **any** condition/s that could impact on your ability to safely and effectively carry out all of the duties of your volunteering role (consider all health, physical, cognitive, sensory, emotional and or mental health conditions?

**Yes No**

Are there any reasonable adjustments that we can make to enable you to carry out the full range of duties and responsibilities of your role safely and effectively?

**Yes No**

If you have answered **Yes** to any of the above please tell us more in the box below (continue on reverse of page if necessary)

Medical in confidence:

**Declaration of Understanding by the volunteer:**

**Data Protection and Confidentiality:**

Combat Stress will treat any medical / health information you provide as strictly confidential. It is to be sent directly back to the HR Department who will then assess the information provided. The information you provide will be used only in accordance with the purposes of this document which is to assess and support your health needs while volunteering where reasonably practicable.

**Declaration:**

By signing / submitting this form, I confirm that I have read and understood the information provided to me. To the best of my knowledge, I believe that all the information I have provided is true. I understand that Combat Stress cannot support me by making reasonable adjustments to volunteering role and environment if they do not know what is needed. I also confirm that I understand that by providing false answers or withholding relevant information, this may lead to my being removed from the volunteering register.

**Signature Print Name**

**Date**

Please return your completed form in a sealed envelope marked ‘personal’ to the HR Department;

HR Department

Combat Stress

Tyrwhitt House

Oaklawn Road

Leatherhead

Surrey

KT22 0BX

Or by email to HR@combatstress.org.uk

*Please return the form even if you have answered ‘no’ to all 3 initial questions.*

**Organisation's assessment**

HR will complete the next section in conjunction with your coordinator.

After reviewing the questionnaire, my assessment is that you

* Can volunteer without reasonable adjustment
* Can volunteer with some reasonable adjustments (Attach form “Complete assessment of need and management plan”)
* Should see a doctor or nurse for a medical examination to assess fitness for role and / or to provide guidance on the nature of the reasonable adjustments required to support volunteer (The coordinator MUST inform volunteer prior to referral and complete Medical Examination Section Below)

Signed: .................................. Print Name............................ Date...............................