**Harrow Covid Vaccination Centre**

**Volunteer Application Form**

**CONFIDENTIAL**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Mobile** |  |
| **Email** |  |
| **Date of Birth** |  |
| **This volunteer role may require you to walk or stand for long periods ie 2-4hrs****Do you consider yourself fit and able to do this? Yes** | **No** |
| **Do you have any underlying health conditions which you feel could place you at risk?** **Yes** | **No** |
| **If yes please use the space below to advise us of the condition as you may need to seek the advice of your GP before commencing this role** |
| **Disability Discrimination Act 1995****Under the terms of the act a disability is defined as a ‘physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’ Do you consider yourself to have a disability? Yes/No** |
| **If ‘Yes’ please give details** |
| **Please indicate skills & experience :****IT Other:** **Admin****Marshalling/Stewarding****First Aid**  |
| **Please indicate below the times/days you will be available to work:** |
|  | **8am – 12 Noon** | **12 Noon – 4pm** | **4pm – 8pm** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |