**Covid Vaccination Volunteer Agreement**

**Name**

**Contact details** – Address; telephone number and email

Please tell us here, briefly about any relevant experience or skills you feel may be useful

Please print or sign below to show that you have read and understood the following. You can also print and scan, or send us an email to confirm that you have read and agreed this.

I have been given and read the role description and agree to the role including

* + - Wearing a mask for the duration of each session,
    - Treating any information in confidence
    - Maintaining Covid-secure practices ie regular sanitising and social distancing

I also understand that some roles may be out of doors, and will wear appropriate clothing.

I will avoid getting involved in medical discussions.

If patients need help I will direct them to one of the medical staff present.

I will report to and follow the directions of the nurse in change on the day.

I will maintain Covid secure practice during any breaks; for example pouring own drinks and maintaining distance in any break areas.

I note that some of the venues may have limited onsite parking.

Signed ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out of pocket expenses**

We can pay out of pocket expenses by prior agreement; this would mainly cover travel costs; and would be paid monthly on request using an online form. You would receive payment via cheque. Please let us know if you need an expenses form to make a claim

***Return this form by email to*** [**roccg.rothhealthvolunteers@nhs.net**](mailto:roccg.rothhealthvolunteers@nhs.net)