**Appendix 3**

**ERAR Project - Volunteer Medical Declaration**

During your time volunteering with us, we have a duty of care to keep you and those you work with safe. As part of that, it is important that we are aware of any health conditions or disabilities that you have which may affect your ability to carry out the volunteering role you have applied for and the support you require.

We would be grateful if you declare below any health conditions or disabilities you have which may have an impact on your ability to carry out the role. This includes, but is not limited to, conditions such as diabetes, epilepsy, heart conditions, allergies or mental health conditions.

Please also advise us of any support or arrangements you may require as a result. Your volunteer supervisor may also discuss this with you during your induction.

By providing this information it will help us to confirm your suitability for the role and to identify any additional support you will need from your volunteer supervisor.

You are not obliged to give this information however it is your responsibility to disclose any information that relates to your health and we will not be held responsible if we have not been informed of a health-related matter.

This information will be held in accordance with our Privacy Notice, a copy of which is available from your Volunteer Supervisor.

|  |  |
| --- | --- |
| Name of Volunteer Role | |
|  | |
| Details of Medical Conditions and/or Disabilities and Support Required | |
| I declare that the above information is up-to-date and accurate to the best of my knowledge. | |
| Name |  |
| Signature |  |
| Date |  |