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**KHWP Confidential Volunteer Information Form**

(updated Jan 2024)

**For health and safety reasons we ask all our volunteers to fill out this form as the information may be essential in the unlikely event of an incident occurring while on site.**

**Please see final page for how we will use this information.**

**Your details**

Name:

Date of birth:

Telephone No:

Mobile No:

Address:

E-mail:

**Next of Kin 1 Details**

Name:

Relationship:

Tel:

Work/Mobile Tel:

**Next of Kin 2 Details**

Name:

Relationship:

Tel:

Work/Mobile Tel:

**Medical Details**

As First Aiders it is important to be aware of any medical conditions you may suffer from as well as conditions that may be relevant to physical work in an outdoors setting (such as hearing problems or physical limitations). We must also be made aware any health conditions that may make you more vulnerable to Covid 19.

1. **Do you currently suffer from any medical conditions you think we should be aware of (e.g. asthma, allergy, epilepsy, heart condition, hearing/sight reduction etc.)**

Yes/No

If yes, please provide details:

2. **Are you currently receiving any prescribed medication?** (that we may need to administer first aid or have to pass on to ambulance / hospital in event of an incident)

Yes/No

If yes, please provide details:

**Tetanus**

When working in the outdoors it is recommended that all volunteers are up to date with their Tetanus Inoculation. Please check yours is up to date.

**Permission to use your data and images**

Your data will be held by the Kent High Weald Countryside Partnership (KHWP), a not for profit conservation organisation hosted by Kent County Council.

Your contact details will be password protected and will not be shared with any other organisation without your permission. These details will only be used for the purpose of contacting you about our volunteering programme and related training opportunities (In rare cases we may be legally required to share data with law enforcement agencies, or it may be necessary in an emergency to share your medical details with healthcare professionals).

If at any time you decide you do not want us to contact you or hold your details anymore, you can opt out by email or contacting the partnership manager You can also ask us to let you know what details we hold at any time.

We also regularly take photographs and / or video of our events and task days, please let us know if you do not want us to use your image. We may use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve KHWP’s aims.

This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

**I give my consent to Kent High Weald Partnership recording my personal information**

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  | Date: |  |

**I grant permission to use my image as detailed above**

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  | Date: |  |

For a full version of our Privacy Notice visit our website: [www.khwp.org.uk](http://www.khwp.org.uk)