

# Induction for Volunteers

Old Mill Foundation



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Mobile	
Home no.	
Email	

Treatments or description of what you will be offering:

\_\_\_\_\_

\_\_\_\_\_

## Information required before starting

Referee name	Referee email
1.	
2.	

Insurance Number	Expiry date	Seen by

Qualification Certificate(s)	Seen by
Welsh speaking yes/no	

Centre (please circle)	Penclawdd	Llandybie	Port Talbot	Llanelli
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## Induction

DBS Certificate number	DOB (if using update service)	Seen by

## Check list (Completed by Sarah, Jaynie or Caroline)

Book training date	Next available date	
Volunteer pack given	Accessed via Website/staff portal password – <b>oldmill</b>	
Practical	Length of treatment, safe practice, don't pour oil down the sink etc.	
Health and Safety	Fire, First Aid, washing hands, no jewellery, hair tied up, personal hygiene, clean clothes, not to attend if infectious etc	
Client consultation form	How to fill in and file	
Volunteer needs	Looking after themselves - don't get too involved, don't share personal phone numbers, don't give lifts in car. Inform us with concerns or if not happy with anything at all including Safeguarding issues. We will offer Holistic Cancer Training Care Training plus 2 x CPD training sessions a year.	
Parking and reception	No parking available to volunteers at Penclawdd	

<b>Anticipated start date</b>	
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## In case of emergency

Contact name, telephone number & relationship to you	
Other important information you'd like us to be aware of e.g. epilepsy, hearing impairments, relevant medication	

Signed Staff member .....

Date: .....

Signed Volunteer.....

Date:.....