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| APPOINTED PERSON RESPONSIBILITIES |
| To be completed by each MS Society Group member agreeing to take responsibility should a first aid emergency occur, during an event with 25 people or fewer in a managed venue, where a first aider is not available.To be reviewed and signed where the appointed person changes, the venue changes or annually whichever is first. |
| **Events that can be covered by an Appointed Person**An event that is funded or has been organised by an MS Society Group or individual, is taking place with 25 people or fewer attending such as:* Group volunteer meeting, coffee morning, get together, party or social where the main reason is to provide a social environment for individuals to relax in; or an information event or meeting where the main aim is to provide support and exchange experiences such as a newly diagnosed event.
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| All COVID requirements highlighted in MS Society guidance in line with Government regulations must be followed.  |
| To be completed by each MS Society volunteer agreeing to take responsibility should an emergency occur during an event with fewer than 25 people.  |
| Group:  |
| Appointed person name:  |  | Contact no:  |  |
| The MS Society will respect the personal information you provide us and don’t want to use it in a way that you won’t expect. To find out how we use and manage your personal data, our full privacy notice is at [www.mssociety.org.uk/privacy](http://www.mssociety.org.uk/privacy). You can also call our Supporter Care team on 0300 500 8084 to get a copy. |
| First aid – for each venue I will check the following: |
| 1 | The location of the first aid kit – so minor injuries can be treated by the injured person themselves |
| 2 | I will ensure the following is in place in case there is a first aid incident: |
| 3 | * Nominated individual to call an ambulance and guide it to the patient
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| 4 | * Nominated individual to clear the area around the patient
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| 5 | * Nominated individual to keep the patient comfortable until qualified assistance arrives
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| I have read and understood the responsibilities laid out above and agree to follow them to the best of my ability. I will upload a copy of this form to the Portal for the relevant event where this form applies. |
| Signature:  | Date:  |