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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. | | | | | |
| 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 | | | | | |
| 4 | * Nominated individual to clear the area around the patient | | | | | |
| 5 | * Nominated individual to keep the patient comfortable until qualified assistance arrives | | | | | |
| 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: | |