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| **PROPERTY INDUCTION FORM – COVID addition**  **To be completed by all those who work or volunteer at the property** | | | | | | | | | |
| Group: | | | Type of property: | | | | | | |
| Address: | | | | | | | | | |
| Inductee name (block letters): | | | | | | | | | |
| Assessor name (block letters): | | | | | | | | | |
| Any paid member of staff or volunteer working in the group property must complete this COVID addition to the existing property induction. Once complete it can be attached to the existing induction form and be reviewed if needed at the next refresher training.  The assessor can be someone in the group with experience of the property and its legal requirements. Volunteer and assessor must go through the areas below in conjunction with the relevant risk assessments, marking the box on the right hand side “Y - Yes” “N - No” or “N/ A”. | | | | | | | | | |
| **Subject** | | | | | | | Induction | Refresher | Refresher |
| 1 | I will let the day centre manager know if I or anyone else in my household develops COVID-19 symptoms as soon as possible - Y/ N | | | | | |  |  |  |
| 2 | I understand the need for temperature checks and agree to them on arrival and throughout the day as appropriate? - Y/ N | | | | | |  |  |  |
| 3 | I will report any incident which could place me or service user or colleague at risk of COVID-19 – Y/ N | | | | | |  |  |  |
| 4 | I have read the COVID-19 risk assessment and understand my responsibilities - Y/ N | | | | | |  |  |  |
| 5 | I will adopt ongoing changes in the day centre due to updates of government legislation and guidance – Y/ N | | | | | |  |  |  |
| 6 | I am aware of the rules around social distancing and will implement them – Y/ N | | | | | |  |  |  |
| 7 | I am aware of the rules around hygiene and will implement them – Y/ N | | | | | |  |  |  |
| 8 | I will wear PPE as required by the day centre – Y/ N | | | | | |  |  |  |
|  |  | | | | | |  |  |  |
|  |  | | | | | |  |  |  |
|  | **Initial COVID-19 induction** | | | | | | | | |
| 9 | Date induction complete: | | | | |  | | | |
| Name of inductee: |  | | Signature: |  | | | | |
| Name of assessor: |  | | Signature: |  | | | | |
| We process this information on the lawful basis of our legal obligation set out by the Health and Safety Executive and Central Government. We will share with other regulatory bodies or insurers if appropriate for reporting or claims processing. 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. | | | | | | | | | |