# COVID-19 Mass Vaccine delivery questionnaire

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| **I am interested in: (delete as appropriate)** | * **Volunteer position**
* **Secondment/temp release from normal role**
 |
| **Name**: |  |
| **Email address:** |  |
| **Contact telephone number:** |  |
| **What type of role would you be interested in (**you can choose more than one role): |  |
| Clinical Manager | YES / NO |
| Vaccinator (Registered Health Care Professional)/ Clinical Supervisor | YES / NO |
| Vaccinator (Unregistered/ no previous experience) | YES / NO |
| Health Care Assistant | YES / NO |
| Senior Administrator | YES / NO |
| Driver | YES / NO |
| Steward/Front of House/Administrator | YES / NO |
| **If required, are you able to travel across Surrey to carry out a role/task?** | YES / NO |
| **Do you have your own transport?** | YES / NO |
| **How many hours a week would you be able to work?**  |  |
| **Please identify your availability below:** |
| Monday | Morning | Afternoon | Evening |
| Tuesday | Morning | Afternoon | Evening |
| Wednesday | Morning | Afternoon | Evening |
| Thursday | Morning | Afternoon | Evening |
| Friday | Morning | Afternoon | Evening |
| Saturday | Morning | Afternoon | Evening |
| Sunday | Morning | Afternoon | Evening |
| **Do you have any significant periods of unavailability between Dec 2020 and Sept 2021?** |  |
| **Do you have any professional qualifications or specific experience which will be particularly useful as part of the vaccination programme?** |  |
| **Is there any further information you would like to receive to help you decide whether you can help?**  |  |
| **Please let us know if you have any questions about this initial request or anything else about the delivery of the vaccination programme.**  |  |