

Support Volunteer Visit Checklist

Preliminary Checks

Has the pwMND/pabMND requested this visit?	Yes/No	
Has a CSC completed a home-visit checklist?	Yes/No	*If no, please contact the CSC to request a completion of a home-visit checklist
Do you have any COVID-19 symptoms?	Yes*/No	*If yes please do not visit
Does the CSC know you are attending this visit?	Yes/No*	*if no, please notify your CSC of your plans
Is the visit planned for an indoor or outdoor location?	Indoor*/Outdoors	*If the visit is taking place indoors please see our separate guidance for volunteering inside someone's home
Having read the MND Association guidelines for safe behaviours do you feel confident you will be able to carry them out during your visit?	Yes/No*	*If no you should discuss this with your CSC
Have you discussed and confirmed with the pwMND/pabMND the safe behaviours that you will all need to follow on the visit?	Yes/No	
Is the pwMND using NIV?	Yes*/No.	*If Yes then the visit must take place outside, and the NIV must not be used. If this is not possible please refer to CSC before proceeding further.