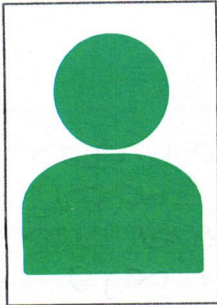


Vista WELLBEING

WELLBEING PASSPORT

Wellbeing passport



The individual who owns this document:

BOB FLETCHER

Role:

PAYMENT/CONTRIBUTION RECORDS

Payroll/employee/volunteer number (if applicable):

VWVRF

This is your wellbeing passport, which you own, and is a place where you can store any information you would like to share about a disability, long term health condition, mental health issue or learning disability/difficulty.

This document is for sharing within the workforce – it is not intended to be shared with Vista Wellbeing clients.

You can use this passport to share information about your health with other volunteers and members of the organisation. You can share any information which enables you to carry out your role. Examples could be:

- a different volunteering times/days
- ways of communicating within the team
- preferred tasks when volunteering

These changes may be those you need all the time, or changes you have in place to accommodate fluctuations in your health. This passport contains four sections for you to provide details about yourself and your preferences when volunteering or working for Vista Wellbeing CIC

- Things to know about my health condition or disability
- Things that help me to do my role
- Things to avoid or that make my work more difficult
- Additional information

You can make changes to the information within the passport when you need to. Remember you should only include information which you are happy to share with your fellow team members.

Things to know about my health condition or disability

For example:

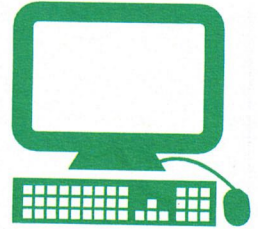


- any tasks you need help with or cannot do easily
- any tasks which may take longer for you to carry out
- any diagnosis you feel would be helpful for others to know about
- any information regarding medication or interventions that you feel are relevant - these could be fluctuations in conditions or symptoms you would like us to be aware of.

DIAGNOSED IN 2017 WITH AL AMYLOIDOSIS AFTER EIGHT MONTHLY TREATMENT WENT INTO REMISSION. CAME BACK IN 2022. NOW ON TWO YEARS FURTHER CHEMOTHERAPY MONTHLY TREATMENT, ALSO SUFFER FROM PERIPHERAL NEUROPATHY POSSIBLY RESULTING FROM THE AL A. SUFFER FROM FATIGUE AND BOOMS OF DEPRESSION. BECOME GRUMPY AT TIMES SO SORRY!!!

MORVEN MY WIFE HAS SUFFERED FROM SEVERE MIGRAINE FOR MOST OF HER LIFE ALSO ARTHRITIS IN HANDS NECK AND SHOULDERS RECEIVING ACUPUNCTURE TREATMENT.

MY PHYSICAL CONTRIBUTION TO CLASSES AT PRESENT LIMITED. HAVE SEVERAL QUALIFICATIONS IN HEALTH + SAFETY INCLUDING FIRST AID TRAINING AND ACCOUNTS KEEPING



Technology and equipment

What do you DISLIKE or find HARD to use?

HAPPY TO USE AND TRY TO KEEP UP
WITH DEVELOPMENT

Communicating at work

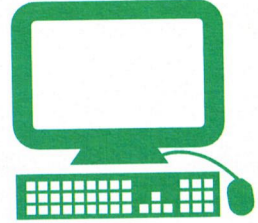
Are there any methods of communication which are challenging for you or that you cannot use?



NONE

Technology and equipment

What could help you in your role?



ALL REQUESTS HAVE BEEN MET.
ALTHOUGH IT MAY HELP IF I HAD
THE APP DOWNLOADED INTO MY
I PAD / LAPTOP.

Communicating

How do you like to receive communications?
For example, you may like to be emailed or you
might prefer tasks. You might not have easy
access to technology.



WHATEVER IS EASIEST FOR THE SENDER

Keep your passport up to date

You can record any changes to your condition or to your working environment in the passport.

IMPORTANT

It is essential that we respect each other's information. The content of this passport is intended to be shared - and you can decide who it is shared with.

Please tick the appropriate boxes below:

I UNDERSTAND that if I return my completed form to Sue or Anita then they will have access to the information in this document.

In addition

I GIVE PERMISSION for my completed form to be shared with others who are part of the Vista Wellbeing Team. I consent to this information being stored on the Vista Wellbeing Volunteer Drive to enable access by other members of the Vista Wellbeing team (ticking this box is optional).

I UNDERTAKE not to share or disclose any information in another person's Wellbeing Passport (ticking this box is mandatory)

Signed



Date

5 Jul. 24

Things that help me to do my role

Include information that helps you to access your role and makes your time with Vista Wellbeing easier. This could be reasonable adjustments you feel would support you, either all the time or as conditions fluctuate.

Time

What times of the day work best for you?



HAPPY TO WORK FROM HOME OUTSIDE CLASS / GROUP TIME. ALWAYS HAPPY TO ATTEND TRAINING SESSIONS TO KEEP RECORDS OF PAYMENT ETC. SOMETIMES UNABLE TO ATTEND DUE TO TREATMENT / HOSPITAL DATES/TIMINGS OF BOTH MY WIFE AND MYSELF

Space

What sort of spaces do you like working in?



OPEN / QUIET SPACES IDEAL BUT NOT ALWAYS AVAILABLE. UNDERSTANDABLY PRESENT SITUATION AT ROUNDWELL MEET REQUIREMENTS

Additional information

Use this space to share any information not covered in the previous sections. You can also record the outcomes of any discussions here.



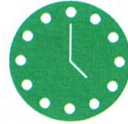
HAPPY TO SPEAK ANY TIME ALTHOUGH
AM AWARE I AM VERBOSE

Things to avoid or that make things more difficult for me.

Use this space to say what makes – or could make – your volunteering time with Vista Wellbeing difficult. This could be timing of sessions, locations etc. These could be difficult all the time or as conditions or symptoms fluctuate.

Time

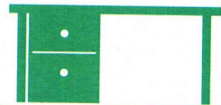
What times of day do NOT work for you?



NOT APPLICABLE

Space

What sort of spaces do you DISLIKE working in?



NOT APPLICABLE