REQUEST FOR ASSISTANCE CHECKLIST

SOUTHAM COMMUNITY SUPPORT GROUP

1. Name

_____

2. Date & Time

If "now", you can leave blank as a timestamp is recorded when the form is submitted

_____

Example: 7 January 2019, 11.03 a.m.

3. Address

_____

_____

_____

_____

_____

4. Telephone Number

_____

5. Email

_____

6. Self Isolating

Mark only one oval.

◯ Yes

◯ No

7. Reason

Tick all that apply.

☐ Vulnerable Group

☐ Showing COVID-19 Symptoms

Other: ☐ _____

8. Number in household

_____

9. Assistance Requested

Tick all that apply.

☐ Supplies

☐ Medication

☐ Posting Mail

☐ Friendly Phone Call

Other: ☐ _____

10. Request Approved

Mark only one oval.

◯ Yes

◯ No

11. If "No", reason

_____

_____

_____

_____

_____

12.   Passed to for action

_____

13.   Caller informed

Mark only one oval.

◯ Yes

◯ No

14.   Errand completed

_____

Example: 7 January 2019, 11.03 a.m.

15.   Comments

_____

_____

_____

_____

_____

Google Forms