** Parish of …………….…………**

**Volunteer Review Form**

**REVIEW 2023:** (to be conducted by a supervising leader for one of the groups involved)

**DATE OF REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW TAKEN BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW MIGHT THE PARISH BETTER ASSIST YOU IN YOUR ROLE AS A LEADER** (if any)**?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOW MIGHT THE PARISH IMPROVE THE MINISTRY(S) THAT YOU ARE INVOLVED WITH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ARE THERE ANY FACTORS THAT MAY AFFECT YOUR CAPACITY TO FULFIL THIS ROLE(S)** (give details if appropriate.)**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HAVE THERE BEEN ANY CHANGES IN YOUR CIRCUMSTANCES THAT MAY NEED ANOTHER ACCESS:NI CHECK UNDERTAKEN? YES/NO**

*(If ‘YES’ you will be required to complete another Access: NI form, available from the Parish Panel)*

**DO YOU HAVE ANY COMMENTS OR QUESTIONS YOU WISH TO RECORD?**

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**SAFEGUARDING TRAINING DATES:**

**DATE OF TRAINING TRAINING REFRESHER TRAINING REFRESHER TRAINING REFRESHER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(last training date) (refresher training (refresher training (refresher training*

*every 3 yrs) every 3 yrs) every 3 yrs)*

OTHER TRAINING   
DATES & TYPE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GROUP(S) INVOLVED WITH IN LEADING UNDER 18’S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ANNUAL REVIEW STATEMENT**(to be read to the volunteer)**:**

*This annual review is an opportunity for the parish to thank you for all that do and to see if there are any improvements that can be made to help better support you and the ministry you are involved with. On an ongoing basis there are training opportunities available through the diocese (see www.ddyc.co.uk) that you can avail of to help you develop. If you wish to have other opportunities please suggest them through this review. This form will be given to the Parish Panel to help them consider how best to encourage support for you.*

**REVIEW 2026:** (to be conducted by a supervising leader for one of the groups involved)

**DATE OF REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW TAKEN BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW MIGHT THE PARISH BETTER ASSIST YOU IN YOUR ROLE AS A LEADER** (if any)**?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOW MIGHT THE PARISH IMPROVE THE MINISTRY(S) THAT YOU ARE INVOLVED WITH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ARE THERE ANY FACTORS THAT MAY AFFECT YOUR CAPACITY TO FULFIL THIS ROLE(S)** (give details if appropriate.)**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HAVE THERE BEEN ANY CHANGES IN YOUR CIRCUMSTANCES THAT MAY NEED ANOTHER ACCESS:NI CHECK UNDERTAKEN? YES/NO**

*(If ‘YES’ you will be required to complete another Access: NI form, available from the Parish Panel)*

**DO YOU HAVE ANY COMMENTS OR QUESTIONS YOU WISH TO RECORD?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEW 2025:** (to be conducted by a supervising leader for one of the groups involved)

**DATE OF REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW TAKEN BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW MIGHT THE PARISH BETTER ASSIST YOU IN YOUR ROLE AS A LEADER** (if any)**?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOW MIGHT THE PARISH IMPROVE THE MINISTRY(S) THAT YOU ARE INVOLVED WITH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ARE THERE ANY FACTORS THAT MAY AFFECT YOUR CAPACITY TO FULFIL THIS ROLE(S)** (give details if appropriate.)**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HAVE THERE BEEN ANY CHANGES IN YOUR CIRCUMSTANCES THAT MAY NEED ANOTHER ACCESS:NI CHECK UNDERTAKEN? YES/NO**

*(If ‘YES’ you will be required to complete another Access: NI form, available from the Parish Panel)*

**DO YOU HAVE ANY COMMENTS OR QUESTIONS YOU WISH TO RECORD?**

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**REVIEW 2024:** (to be conducted by a supervising leader for one of the groups involved)

**DATE OF REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW TAKEN BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW MIGHT THE PARISH BETTER ASSIST YOU IN YOUR ROLE AS A LEADER** (if any)**?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOW MIGHT THE PARISH IMPROVE THE MINISTRY(S) THAT YOU ARE INVOLVED WITH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ARE THERE ANY FACTORS THAT MAY AFFECT YOUR CAPACITY TO FULFIL THIS ROLE(S)** (give details if appropriate.)**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HAVE THERE BEEN ANY CHANGES IN YOUR CIRCUMSTANCES THAT MAY NEED ANOTHER ACCESS:NI CHECK UNDERTAKEN? YES/NO**

*(If ‘YES’ you will be required to complete another Access: NI form, available from the Parish Panel)*

**DO YOU HAVE ANY COMMENTS OR QUESTIONS YOU WISH TO RECORD?**

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