

## COVID Vaccination Programme Registration Form

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Thank you very much for volunteering to help with the COVID vaccination programme. Please return completed forms to [swlccg.groves-hr@nhs.net](mailto:swlccg.groves-hr@nhs.net) or hand in at the reception desk.

<b>Full Name</b>								
<b>Telephone number</b>								
<b>Email address</b>								
<b>Which role would you like to volunteer for?</b>	<b>Clinical</b>				<b>Non-clinical</b>			
<b>Have you had clinical training? If yes, please provide details</b>								
<b>Which site would you like to volunteer at?</b>	<b>Hinchley Wood</b>		<b>New Malden</b>		<b>Wimbledon</b>		<b>Richmond</b>	
<b>Availability</b>		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
	<b>AM</b>							
	<b>PM</b>							
<b>Is there anything else we should know?</b>								

*Many thanks*