

Establishment Name

Type of establishment

Visiting Volunteer Name

Dog

We have received a copy of the TDN risk assessment.

We are happy to welcome visits from the above-named volunteer.

We have shared our COVID-19 policy and risk assessment with them.

We will inform the volunteer and TDN office immediately we become aware if someone they have been in contact with becomes unwell.

The volunteer will be able to be accompanied (socially distanced) by a member of staff throughout the visit.

I have the authority to authorise the above said visits.

Name

Position

Date