

APPENDIX 11

NATIONAL AMBULANCE SERVICE COMMUNITY RESPONDER SCHEME

Volunteer Declaration of Confidentiality, Policy and Procedures Agreement

- Your attention is drawn to the confidentiality aspects of helping in the pre-hospital environment.
- In the course of the pre-hospital service, volunteers may see or hear things of a confidential nature, including information referring to the diagnosis and treatment of patients.
- This information must not be divulged to, or discussed with, any person other than relevant ambulance staff. Breaches in confidence will result in the termination of your voluntary work with the Scheme.
- The NAS is not able to support any incident or claim, resulting from the use of a motor vehicle and would wholly be the responsibility of the person operating the vehicle and no secondary claim would be accepted by the NAS.
- I confirm that I will send the enclosed documentation concerning the insurance of my vehicle and will not be attending emergencies until the appropriate endorsement has been received in writing and a copy passed to the Scheme Coordinator/NAS Operations Resource Manager.
- I also confirm that I will notify my personal insurers of my involvement with the Community First Responder Scheme.

I confirm that I have read and understand the above information and agree to abide by the Scheme's Policies and Procedures.

Name of Volunteer:

Signed:

Date:

Scheme Co-ordinator

Signed:

Date:

Cardiac First Response NAS Responder Application Form

Group Name [Urlingford and Graine Community First Responders](#)
Name _____
Address _____

Phone Number _____

Phone Make, Model _____

E-mail [Group: urlingfordgrainecfr2024@gmail.com](mailto:Group:urlingfordgrainecfr2024@gmail.com)

Personal: _____

Address, Eircode or GPS co-ordinate of centre of coverage:

I wish to be alerted for:

☐ Cardiac arrest and choking ONLY

☒ Cardiac arrest, choking, stroke and cardiac chest pain (heart attack)

I am applying to the NAS for inclusion as a CFR Responder.

I understand that:

☐ I must report a change, loss or stolen phone to the NAS.

☐ I must register my AED with the NAS

☐ I have and must have at all times, adequate car insurance to carry out my functions as a responder.

I have provided

☐ photo for ID

☐ a CFR certificate

☐ CFR Policy and Confidentiality form

Signature: _____ Date: _____