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| --- | --- |
| **Welfare Support Officer:** |  |
| **Current role:** |  |
| **Contact number:** |  |

**Welfare support officer agreement**

**I agree to undertake the role of welfare support officer and understand it is in addition to my substantive role. Duty time will be given to undertake welfare duties, this responsibility will be shared with a network of welfare support officers to minimise the impact of abstractions. My performance will be subject to monitoring by the PSD/occupational health for continued effectiveness.**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

Welfare support officers will be asked to ‘renew’ their agreement on an annual basis. They will be contacted directly via email asking for confirmation that they are happy to remain on the list as a volunteer. Volunteers can request PSD/occupational health to remove them from the list, on a temporary or permanent basis, at any time.