



**SAPCOTE
GOOD NEIGHBOUR
SCHEME**

RECORD of REQUESTS RECEIVED

Name of Duty GNS Volunteer: Date:/...../..... Time:

Name of person requesting help:

Address:

Phone Number: Used GNS Before? Yes / No ?.....Times

Nature of request:
.....
.....
.....

Any mobility problems? Yes / No
If Yes the nature of problem/s:
.....

Any problems regarding access or potential hazards to this person (e.g. dog/s, steep steps, security controlled premises)? Yes / No
If Yes the nature of problem/s:
.....

Estimated mileage: (charged @ 50p per mile outside of parish boundary): £.....

Job assigned to:; with feedback requested on its completion.

Job completed satisfactorily? Yes / No

If No, state reasons/concerns (continue overleaf if necessary):
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