



**WELFARE & WELLBEING DELIVERY REPORTING FORM**

NAME.....BRANCH.....MONTH.....

TELEPHONE CALLS	
EMAILS & TEXT CONVERSATIONS	
POSTAL (cards / letters)	
VISITS	
TRANSPORT (lifts etc)	

**WELFARE**

(More complex cases. Please give brief information on type of case and where referred onto)


**Please tell us about the Membership type & Gender of those who you have supported.**

Full	Associate	Life	Other	Female	Male	Other

**Please tell us more about the age groups that you have be supporting.**

RN Veteran 67+	Working Age Veteran	Still Serving	Family/ Dependants Children	Family/ Dependents Adults
Other Military Personnel Veteran or Serving				

**Please tell us how much time you spent volunteering.**

Welfare							
Wellbeing							



## **EXPLANATION OF FORM**

### Section 1

Put a mark/tick in a box for each action you perform

### Section 2

These are for actions that required much more than just a phone call, a brief summary of the case and who you referred the client onto

### Section 3

This is a specific requirement from RNRMC who want to know which type of client you helped.

So, depending on age just put a mark/tick in the relevant box below. Consider that any other client apart from Serving or former RN will have some family connection to RN or will come into other military personnel e.g. Army, RAF. It will also indicate their age group

### Section 4

Just a mark/tick so that we have some idea of how many of each you helped

### Section 5

An approximate idea of the time you spend on each action you make will give us an idea of how much time WWO's give volunteering for the RNA

Should you need to make any further notes or remarks this can be done on a separate sheet and returned with the form

---

You can either keep the form online and fill in each time you complete an action, or you can print it off and keep in a handy place completing the same way. If completed when action is taken, action will be fresh in the mind

I personally keep mine next to where I usually sit so that as soon as I complete an action, I then make the marks or report on the form

There will be no problem with GDPR as you will not put any persons personal or contact details on the form

In the same way the form can be returned monthly by whichever means you choose either by email or post, to your Area Welfare & Wellbeing Officer

You do not have to collate your form as this will be done by the AWWO together with their report to CO

We have kept the form as simple as possible and with only the information that the Data Collection requires so as not to make this an onerous task for anyone, that can be completed in quick time



\*\*\*\*\*SAMPLE\*\*\*\*\*

**WELFARE & WELLBEING DELIVERY REPORTING FORM 2025**

NAME...Jimmy Jack.....BRANCH...Hampshire .... MONTH...January 2025.....

TELEPHONE CALLS	19
EMAILS & TEXT CONVERSATIONS	16
POSTAL (cards/letters)	7
VISITS	14
TRANSPORT (lifts etc)	3

**WELFARE**

(More complex cases. Please give brief information on type of case and where referred onto)

Shipmate needed a new boiler, which they could not afford, resulting in no heating or hot water. Referred SSAFA	
Shipmate with PTSD, Followed emergency procedures and made referral to PTSD Resolution. Will continue to monitor situation	

**Please tell us about the Membership type & Gender of those who you have supported.**

Full	Associate	Life	Other	Female	Male	Other
10	7	3	2	9	9	2

**Please tell us more about the age groups that you have be supporting.**

RN Veteran 67+	Working Age Veteran	Still Serving	Family/ Dependants Children	Family/ Dependents Adults
12	6	1	2	8
Other Military Personnel Veteran or Serving			5	

**Please tell us how much time you spent volunteering.**

Wellbeing	10m	25m	5m	3h 10m	20m	1h 30m	5m
5m	45m	50m	2h 20m	25m	1h 5m		
Welfare	1h 10m	3h 20m					