

# Adjustment plan for volunteers: general



An adjustment plan is a personalised, practical plan to help identify and record adjustments for you, so you can get the most out of your guiding experience.

Work together with your unit leader or a commissioner to complete this form.

Name of volunteer .....

Membership number .....

Date of plan .....

How would you describe your disability or long-term condition?

What impact do you think your disability/condition may have on your role as a Girlguiding volunteer? Remember to think about the impact on different areas of your role, for example:

- Giving instructions, and following them
- Planning and leading activities
- Safeguarding
- Communicating with others

What changes could we make to help you carry out your role as a Girlguiding volunteer?

What support or changes would help you access volunteer information and training?  
For example, resources in different formats, or support with completing e-learnings.

What can affect your senses (if applicable)?

What can affect your movement and mobility (if applicable)?

**Your equipment/medications (if applicable)**

**Describe your equipment/medications, including dosage and frequency (if applicable)**

Where should your medication/equipment be kept when you're at unit meetings and on trips?

Who can administer/use this?

What changes might we need to make for unit events, trips or visits, including residential events?

**Triggers (if applicable)**

Are there any situations that can be a trigger for you?  
Remember to think about trips as well as unit meetings.  
What coping mechanisms do you find useful?

What support or adjustments can we put in place to minimise triggers or help to manage the impact?

**Early warning signs (if applicable)**

How can a volunteer recognise if things aren't going to plan (for example, you're feeling unwell, or something has made you feel uncomfortable)?

How would you let another volunteer know?

What can we do to help if things aren't going to plan?

## Crisis/emergency plan

Crisis refers to a point where you need help to keep safe.

What would a crisis look like for you?

How will other volunteers recognise that a crisis is happening?

What should other volunteers do in a crisis (for example call your emergency contact, call a medical professional or help keep you calm)?

What are your emergency medication requirements?

Please include dosage and how to administer this (if applicable).

Is there anything else you would like to share?

Adjustments identified in this adjustment plan.

**Plan for review**

How often will you review and update this plan to check it's working well?

Next review date .....

**By signing, I agree:**

- That the information given on this form is accurate, to the best of my knowledge, at the time of writing.
- That I am comfortable with the adjustments agreed in this adjustment plan and am comfortable for Girlguiding volunteers to make the adjustments agreed in this adjustment plan.

Signature of volunteer .....

Signature(s) of parent/carer (if volunteer is under the age of 18 (under 16 in Scotland))

.....  
Date .....

**By signing, I agree:**

- That the information given on this form is accurate, to the best of my knowledge, at the time of writing.
- That I am comfortable with the adjustments agreed in this adjustment plan. I confirm that the person responsible for making the adjustments agreed in this plan is competent (and suitably trained, where necessary) to carry out the agreed tasks.
- That I agree to follow this plan, as far as possible.

Name of person who will be making the adjustments agreed in this adjustment plan  
(for example unit leader/first aider/commissioner)

Role .....

Signature .....

Date .....

**By signing, I agree:**

- That the information given on this form is accurate, to the best of my knowledge, at the time of writing.
- That I am comfortable with the adjustments agreed in this adjustment plan. I confirm that the person responsible for making the adjustments agreed in this plan is competent (and suitably trained, where necessary) to carry out the agreed tasks.
- That I have made Girlguiding HQ aware of any concerns I have with adjustments agreed in this plan.

Name of district/division commissioner (if different from above)

Role .....

Signature .....

Date .....

*Two copies of this plan should be kept. One copy should be kept by the unit leader and the other by the volunteer (or their parents/carers if the volunteer is under the age of 18 (under 16 in Scotland)).*

## Privacy statement

We collect your personal information to help us make guiding accessible for you.

Your data will be shared with:

- Volunteers supporting you at unit meetings/residentials
- Volunteers/staff running events
- HQ events team
- Volunteers in your new section/unit (where relevant)

We may also share your data (on a need-to-know basis and for your ongoing support only) with:

- HQ Inclusion team
- HQ Safe Practice team
- Relevant regional or local Girlguiding organisations (staff and/or volunteer teams)

We process the data you provide on the lawful basis of consent. You can take back your consent at any time by contacting [dataprotection@girlguiding.org.uk](mailto:dataprotection@girlguiding.org.uk)

You can find more information on how and why Girlguiding use your personal data, including how long we keep it, your rights, and how you can contact us, in our full privacy notice at: [girlguiding.org.uk/privacy-policy/](https://girlguiding.org.uk/privacy-policy/)