

HOME-START SOUTH HAMS DIARY SHEET

Registered Charity No. 1108077

Volunteer Name: _____

Date of Visit: _____

Family Ref No: _____

	Did my visit help with...?	How did I help? Please give brief details (<i>Please continue overleaf if necessary</i>)
1.	Feeling isolated	
2.	Using other services/facilities in the area.	
3.	Parents or children's emotional health. Making parents or children feel better about themselves	
4.	Parents or children's physical health or well-being	
5.	Managing the children's behaviour	
6.	Being involved in the children's development (ideas and activities)	
7.	Stress caused by conflict in the family	
8.	The day to day running of the house and managing the household budget	
9.	Coping with the extra work caused by multiple birth/multiple children under 5	
10.	Other (Please describe)	

Please tick to indicate if any of the following were discussed and/or accessed during or as a result of your visit:

Childcare facilities Leisure facilities/activities Employment opportunities Education opportunities/facilities

Local Services (e.g. CAB, GP) Oth - Other Outcomes e.g. sharing parenting/cooking skills etc (soft outcomes)

If yes – please give brief details

NOTES on the completion of this form.

As a general guidance, only those headings in bold type are the columns you will normally need to complete.

1. **Visits include visiting the family in their own home and any outings with the family and also Home-Start organised outings.** But please record your travel time to/from the family in column 4.
2. If the family were not in when you called, or you had to wait for them to arrive, please record this time here.
3. Occasionally you may need to speak to the family by telephone. Please record that time spent in this column.
4. **Record the time you spend travelling to your Home-Start family separately here.** Please also include ALL travelling time i.e. the time you spend travelling to Volunteer Support Meetings, fundraising events, A.G.M. etc.
5. This column is only used to record time at a HOME-START drop in/family group which currently Home-Start South Hams runs as 'Stepping Stones' in South Brent or Dartmouth.
6. This column represents time spent at all other Home-Start events i.e. Volunteer Support Meetings, fundraising events, A.G.M.

VOLUNTEER MONTHLY EXPENSE CLAIM FORM

MONTH _____ YEAR _____

NAME _____

FAMILY CODE _____

ADDRESS _____

Post Code: _____

(✓)

Please pay my expenses directly into my bank account:

Please pay my expenses by cheque :

Cheque to be made payable to _____

The following expenses were incurred by me during my work as a Home-Start volunteer:

MILEAGE EXPENSES (AT 40P PER MILE) or PUBLIC TRANSPORT

DATE	DETAILS (From/To/Reason)	MILEAGE/FARES	Amount Claimed	For office use only
TOTAL MILEAGE/FARES			£	

OTHER EXPENSES (By arrangement except telephone calls)

DATE	DETAILS	COST
TOTAL OTHER EXPENSES		

GRAND TOTAL CLAIMED £ _____

If your claim includes car mileage, please sign below to confirm:-

I certify that I hold a full driving licence and have adequate insurance cover, the car is roadworthy, taxed and has a current MOT certificate (if applicable).

Signed: _____

TO ASSIST WITH ADMINISTRATION, PLEASE RETURN EXPENSE CLAIM FORMS TO THE HOME-START SOUTH HAMS OFFICE WITHIN 7 DAYS OF EACH MONTH END.

For Office Use Only

Cheque No. _____ Issued _____