



Rotary Australia World Community Service Ltd. – TEAM LEADER’S REPORT
ACN 003 444 264

1 TEAM DETAILS

- a) Team No.
- b) Team Leader:
Rotary Club(s) of
- c) Total number of volunteers on team.....
- d) Name of Building Supervisor:
(The Building Supervisor will be expected to make a separate report. That report should set out the practical aspects of the project and, if the project is an ongoing one, should contain all the information that would be necessary for subsequent teams to ensure most efficient continuation of the enterprise with a minimum of disruption. (Please attach to this report.)
- e) Dates team left and returned home: From/...../..... to/...../.....
- f) Days worked on project

2 PROJECT DETAILS

- a) Project Registration No:..... Project Registration Year:/.....
- b) Country of Project:
- c) Organisation or Authority for whom the project was carried out.
Name:
Contact Person:
Email Address:
- d) Is project completed (Deleted one): **YES** **NO**
- e) Number of Nationals trained
- f) Number of hours each trainee received
- g) Total number of hours training trainees received



3 WORK ACHIEVED

(A brief statement, in non-technical, non-specific terms of what was accomplished by the team. It would be of benefit if at least, two photographs of the "before and after" type could be attached to this report as it is intended to use these reports as the basis of articles in Project Volunteer Regional Newsletters.)

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4 ACCOMMODATION DETAILS

Place a "1" in the column which best describes the particular accommodation category provided for the team.

Accommodation Category	Good	Satisfactory	* Inadequate
1 Sleeping Arrangements			
2 Washing Facilities			
3 Food			
4 Insect Proofing			
5 Transit Accommodation			
6			
7			

*Please add any accommodation categories if additional comments should be made.

*If any of the above categories were considered to be "inadequate", detail the reasons for this assessment and suggest possible improvements which should be made before others are formed for this project.

Any additional comment:

5 TOOLS AND EQUIPMENT SUPPLIED ON SITE

(If applicable, please comment on availability and appropriateness)

Comment:.....

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6 MATERIALS SUPPLIED TO COMPLETE THE TASK

(If applicable, please comment on availability and appropriateness)

Comment:.....

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7 ADDITIONAL TOOLS, EQUIPMENT AND MATERIALS

(Please list any additional tools, equipment and materials donated to the project by the Rotary Club, sponsors, or team members. Please indicate the value of the items.)

List:

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Total Value of Additional Tools and Equipment Donated:

Total Value of Additional Materials Donated:

8 TRAVEL DETAILS

a) List any difficulties that may have been experienced in travel to or from tile site.

- i. Air:
- ii. Land
- iii. Other

b) Any recommendation as to how these difficulties could be minimised or eliminated for future Project Volunteers teams.

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9 OCCUPATIONAL HEALTH AND SAFETY

(Please list any Occupational Health and Safety issues identified whilst on site and recommendation to ensure future volunteers work in a safe environment)

Comment:.....

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10 INCIDENT/ACCIDENT REPORTS

(Please list any Incident or Accident that occurred during your time away)

Comment:.....

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11 FURTHER COMMENTS AND GENERAL SUMMARY

(Team Leaders should make any, comment or recommendation which would facilitate the involvement of subsequent teams and which would contribute to the enhancement of the image of Rotary in the areas where the Project Volunteer projects are located.)

Comment:.....

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Name of Person completing form:

Email Address:

Date:/...../.....