Disaster & Recovery Ministries
South Australia

TEAM LEADER HANDOVER REPORT

Please complete (dot points only) and email to drm@sa.uca.org.au as soon as possible after the conclusion of the shift.

Centre name:	
Is this Relief or Recovery Centre?	
Date:	
Shift start & finish times:	
Team leader name:	
Team members' names:	
How well did the DRM team work together? (Choose one)	☐ **Very well** ☐ **Well** ☐ **OK** ☐ **There were problems (please send a separate email about this if necessary or speak with the DRM Duty Officer)**
Were there any incidents affecting the safety of chaplains?	☐ **No** ☐ **Yes (please complete & submit an Incident Report Form ASAP)**
How did the team spend most of its time during this shift? (eg.at the door, handing out tickets, sitting with people in waiting hub, in Quiet Space etc)	☐ **At the door welcoming guests** ☐ **Handing out number cards to guests** ☐ **Sitting with people in waiting hub** ☐ **Spending time with guests in Quiet Space** ☐ **Other – please list below……**
How many guests did chaplains interact with during this shift?	
How many referrals to other agencies did chaplains make during this shift?	
What were the main issues raised by visitors to the Centre?	
Were there any particular challenges this shift?	
Are there any further resources which would assist the DRM team to help people in future shifts?	
Do you have any particular information to hand over to the next shift which it will be important for them to know?	