



Registered Charity No. SC041853

IRIS CANCER MASSAGE THERAPIST – LEVEL 1 AVAILABILITY SURVEY

“Iris Service Provision – Paid and Voluntary”

The information you provide will be used to help to inform and guide the work of the Iris Cancer Partnership Charity, ensuring that our service meets the needs of people living with cancer while also understanding how that service fits with therapists' goals and availability.

Please be assured that any information you provide will be stored securely and used solely for the purpose of this evaluation.

No identifiable information will ever be published. If you have any queries, please do not hesitate to get in touch with the Iris Cancer Partnership at admin@iriscancerpartnership.org.uk. Information you provide in this form is in no way considered to be a commitment from you to Iris, nor does it indicate a commitment from Iris to you. Thank you for your input to help Iris to design its Service.

Your Name:		Date:	
Your Location (Town):		Your Post Code:	

EXAMPLE ONLY: Setting	Your Home	Your Normal Therapist Space	Your Client's Home	Local Community Centre
1. In what type of setting/s would you prefer to provide massage for people with cancer? Please select all that apply in your order of preference: 1, 2, 3, etc. You may choose as many or as few as you wish.	4	1	5	2
	GP Surgery	Palliative Care / Hospice	Cancer Centre	NHS Hospital
			3	

Thinking about the next 18 month period only

Current Work

1. I would not be able to consider any paid or voluntary work at this time.	Agree		Disagree	
2. I already work with people living with cancer in a paid capacity.	Agree		Disagree	
3. I already work with people living with cancer on a volunteer basis.	Agree		Disagree	
4. My availability details have not changed since I last completed this survey	Agree		Disagree	

Massage Therapies	Swedish	Indian Head	Reflexology	Aromatherapy
5. In which therapies do you have a current professional qualification?				

If your answer to the question 1 or 4 is **Agree** you do not need to complete the remainder of this questionnaire. Thank You.

Setting	Your Home	Your Normal Therapist Space	Your Client's Home	Local Community Centre
6. In what type of setting(s) would you prefer to provide massage for people with cancer? Please select all that apply in your order of preference: 1, 2, 3, etc. You may choose as many or as few as you wish.				
	GP Surgery	Palliative Care / Hospice	Cancer Centre	NHS Hospital
Other Setting (please list and include your preference):				

Paid Service

7. I would consider providing a number of hours as a massage therapist paid for by Iris ?	Agree		Disagree	
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If your answer to the above question is **Disagree** please go to the **Volunteering** section of this survey.

Working Days	Monday	Tuesday	Wednesday	Thursday
8. Which days would you prefer to work? Please select all that apply in your order of preference: 1, 2, 3, etc.. You may choose as many or as few as you wish.				
	Friday	Saturday	Sunday	

Availability – Weekdays (Monday to Friday)	1 to 2 hours	3 to 5 hours	6 to 10 hours	11 to 14 hours
9. How many weekday hours in total per week do you think you might be available to work? Please select one only.				
	15 to 21 hours	22 to 28 hours	29 to 35 Hours	

Availability – Weekends (Saturday to Sunday)	1 to 2 hours	3 to 5 hours	6 to 10 hours	11 to 14 hours
10. How many weekend hours in total per week do you think you might be available to work? Please select one only.				

Working Hours	Mon-Fri 9 – 12pm	Mon-Fri 12-3pm	Mon-Fri 3-5pm	Mon-Fri 5-7pm
11. Which hours of the day would you prefer to work? Please select all that apply in your order of preference: 1, 2, 3, etc.. You may choose as many or as few as you wish.				
	Sat-Sun 9 – 12pm	Sat-Sun 12-3pm	Sat-Sun 3-5pm	Sat-Sun 5-7pm

Location	0 miles	1 to 5 miles	6 to 10 miles	11 to 15 miles
12. How far would you be prepared to travel to provide a service – options are 1 way journey lengths? Please select one only.				
	16 to 20 miles	> than 20 miles		

Travel Expenses	0 miles	1 to 5 miles	6 to 10 miles	11 to 15 miles
13. How far would you be prepared to travel before you would expect travel expenses to be paid? Please select one only.				
	16 to 20 miles	> than 20 miles		

Unpaid Volunteer Service

14. I would be able to provide volunteer hours as a massage therapist?	Agree		Disagree	
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If your answer to the above question is **Disagree** please go to the **Any Other Comments** section of this survey

Working Days	Monday	Tuesday	Wednesday	Thursday
15. Which days would you prefer to work? Please select all that apply in your order of preference: 1, 2, 3, etc.. You may choose as many or as few as you wish.				
	Friday	Saturday	Sunday	

Availability – Weekdays (Monday to Friday)	1 to 2 hours	3 to 5 hours	6 to 10 hours	11 to 14 hours
16. How many weekday hours in total per week do you think you might be available to work? Please select one only.				
	15 to 21 hours	22 to 28 hours	29 to 35 Hours	

Availability – Weekends (Saturday to Sunday)	1 to 2 hours	3 to 5 hours	6 to 10 hours	11 to 14 hours
17. How many weekend hours in total per week do you think you might be available to work? Please select one only.				

Working Hours	Mon-Fri 9 – 12pm	Mon-Fri 12-3pm	Mon-Fri 3-5pm	Mon-Fri 5-7pm
18. Which hours of the day would you prefer to work? Please select all that apply in your order of preference: 1, 2, 3, etc.. You may choose as many or as few as you wish.				
	Sat-Sun 9 – 12pm	Sat-Sun 12-3pm	Sat-Sun 3-5pm	Sat-Sun 5-7pm

Location	0 miles	1 to 5 miles	6 to 10 miles	11 to 15 miles
19. How far would you be prepared to travel to provide a service – options are 1 way journey lengths? Please select one only.				
	16 to 20 miles	> than 20 miles		

Travel Expenses	0 miles	1 to 5 miles	6 to 10 miles	11 to 15 miles
20. How far would you be prepared to travel before you would expect travel expenses to be paid? Please select one only.				
	16 to 20 miles	> than 20 miles		

Any Other Comments:	
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Thank You for your Input