Confidential Client Introduction Form

Communicare in Southampton
...helping neighbours in need

Name of person who needs help:

Hospital Homecoming	
Please tick if this referral is for our **hospital homecoming project** *(short term help for people recently discharged from hospital).* If help is requested to start within 5 days please call our office on 023 8021 6022 or put 'homecoming referral' as the subject of your email. Our help is dependent on a volunteer being available.	☐

If you have any questions or would like help completing this form please call our office on
023 8021 6016

We are a local charity who aim to match volunteers with people who need help in Southampton. Our 'Communiteers' are kind-hearted volunteers who want to help reduce loneliness and isolation within our city. They are not trained support workers and their help is limited to the sort of help a good neighbour might be reasonably expected to give.

Please see our 'notes for referrers' or call our office for more information.

Please be aware that unfortunately we do have a long waiting list in many areas.

1

Name of person completing this form		**Date**	

- **If you are completing this form for yourself (you want our help) please complete sections 2, 4 and 5.**
- **If you are completing this form on behalf of someone else (you are a referrer) please complete sections 3, 4 and 5.**

2

I am completing the form for myself			
Title	**First name**	**Last name**	**Date of birth**

Postal Address (including postcode)	**Landline**	
	Mobile	
	Email	

Communicare will look after information about you securely and only use it to run our organisation. We will not pass on your details to other organisations without your permission unless we have reason to believe you may be injured or at risk of harm in which case we may contact medical services or social services. Full details are in our privacy policy and data retention policies which are available on our website or from our office.

Now go to section 4

Please return to **Communicare in Southampton, Voluntary Action Centre, Kingsland Square, Southampton, SO14 1NW** or email to **referral@communicareinsouthampton.org.uk**

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I am referring someone else. Your (the referrer's) contact details			
First Name	**Last name**	**Position and Organisation or relationship to client**	
Landline		**Mobile**	
Email		**I confirm that the client has given me permission to pass on their details.**	

Communicare will store your (Referrer's) information with this referral. We will only use it to contact you about this referral and won't pass on your details to any other organisation. Full details are in our privacy policy and data retention policies which are available on our website or from our office.

Details about the client			
Title	**First name**	**Last name**	**Date of birth**
Postal Address (including postcode)		**Landline**	
		Mobile	
		Email	

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Please give details about your, or the person you are referring's, needs.				
Disadvantages Faced *Please highlight each disadvantage*	Medical	Social isolation	Physical disability	Mental health issue
	Dementia	Learning difficulty	Sensory loss	Other
Why is help needed from Communicare?				
Is there any support already in place? *Include family/friends /other agencies and any personal care providers*				
Any other information?				
Please list any pets				
Please state any walking aid(s):			**Does the client smoke?**	

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Our volunteers are kind-hearted 'good neighbours' and not trained support workers or councillors. Please answer the following 'risk assessment' questions to help us protect volunteers and the people we help from possible harm. If the answer to any of these questions is 'yes' we will contact you for further information to determine whether or not our volunteers may be able to help.

Does the person referred have a history of violent, aggressive or unpredictable behaviour towards others? (Including verbally aggressive behaviour).	No	Yes	Unsure
Does the person referred have a history of violence towards themselves e.g self-harm, suicidal thoughts or is considered to be at risk of suicide attempts?	No	Yes	Unsure
Additional information?			

What sort of help is required? *Highlight all that are applicable and indicate a priority if multiple requests.*	
☐ Shopping	☐ Befriending (visiting at home)
☐ Transport	☐ Family Support
☐ Accompanying on walks or outings	☐ Social Activities (incl. lunch club & tea parties)
☐ Gardening, DIY or decorating	☐ Help with correspondence or administration
☐ Hospital Homecoming	☐ Other: please explain below
Please give brief details of help requested	
If transport is requested please complete the following *Clients **must** be able to get in and out of a car with minimal help. We do not have adapted vehicles.*	
☐ Client needs front seat	☐ Client can get into back seat of a car with 4 doors
☐ Client can get into back seat of a 3 door car	
If walking aids need to be taken please state what and if walkers or wheelchairs whether they fold	
Details of any booked appointments or groups client would like help to attend (including date and time)	

5 **Now please complete the ethnicity and diversity monitoring form on the next page then return this document to the address at the bottom of the page.**

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ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our **clients**. By completing this form you will be helping us to provide this and secure further funding

This information will be only used for anonymised monitoring purposes.

Please complete this for the person who would like our help (yourself or the client if you are their referrer)					
Age		Date of Birth		Gender	

What is their ethnic group?
Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background

(a) **White**

- ☐ British
- ☐ Irish
- ☐ Any other White background *please write in below*

……

(b) **Black or Black British**

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background *please write in below*

……..

(c) **Asian or Asian British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background *please write in below*

……..

(d) **Mixed**

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed background *please write in below*

……

(e) **Other ethnic group**

please write in below

……..

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