



<b>Next of Kin/Emergency Details</b> <i>Include name and contact details</i>			
<b>Any other information?</b>			
<b>Please list any pets</b>			
<b>Please state any walking aid(s):</b>		<b>Does the client smoke?</b>	

**Our volunteers are kind-hearted ‘good neighbours’ and not trained support workers or counselors.** 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.

<b>Is there any history of violent, aggressive or unpredictable behaviour towards others? (Including verbally aggressive behaviour).</b>	No	Yes	Unsure
<b>Is there any history of violence towards themselves e.g. self-harm, suicidal thoughts or is considered to be at risk of suicide attempts?</b>	No	Yes	Unsure
<b>Additional information?</b>			

## 5 What sort of help might you want?

<input type="checkbox"/> Shopping – You need to have cash to give the volunteer if you would like them to shop for you	<input type="checkbox"/> Visiting at home for tea and chat
<input type="checkbox"/> Picking up a prescription	<input type="checkbox"/> Checking the house prior to a client coming home i.e. for food, heating
<input type="checkbox"/> Light house work (Inc. help with preparation of snacks, unloading washing machine/hoovering)	<input type="checkbox"/> Checking that agreed statutory care packages are being delivered
<input type="checkbox"/> Other: please explain below	
<b>Please give brief details of help requested</b>	
<b>Will you be able to answer the door yourself?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What is the expected date and time of hospital discharge?</b>



### 1 I am completing the form for myself

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Date of birth</b>
<b>Postal Address (including postcode)</b>		<b>Landline</b>	
		<b>Mobile</b>	
		<b>Email</b>	

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.

### 2 I am introducing someone else. Your (the referrer's) contact details

<b>First Name</b>	<b>Last name</b>	<b>Position and Organisation or relationship to client</b>	
<b>Landline</b>		<b>Mobile</b>	
<b>Email</b>		<b>I confirm that the client has given me permission to pass on their details.</b>	

Communicare will store your (Referrer's) information with this introduction We will only use it to contact you about this introduction 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.

### 3 Details about the service user

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Date of birth</b>
<b>Postal Address (including postcode)</b>		<b>Landline</b>	
		<b>Mobile</b>	
		<b>Email</b>	

### 4 Please give details about the needs of the person requiring support

<b>Issues that mean help/ support is needed</b>	Medical	No local help	Physical disability	Mental health issue
<i>Please highlight each disadvantage</i>	Dementia	Learning difficulty	Sensory loss	Other
<b>Why is help needed from Communicare?</b>				
<b>Is there any support already in place?</b> <i>Include family/friends /other agencies and any personal care providers</i>				
<b>Who should we contact to make arrangements?</b> <i>Include name and contact details</i>				