

Confidential Service User Introduction Form

Covid 19 Update:

We have replaced most of our face to face visits with telephone befriending. If we have volunteers available we can help with shopping for people and errands. Our transport capacity is very limited: if we have a volunteer available, we can help with essential lifts but only for people who can get themselves in and out of the back seat of a car without help. Depending on the current risk level we may be able to help with gardening and short indoor practical tasks but not indoor decorating.

Please phone or email the office if you would like to discuss a referral.

**If you have any questions or would like help completing this form please call our office on:
023 8250 0050**

We are a local charity who aim to match volunteers with people who need help in Southampton. Our 'Communiters' 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. Unfortunately, we do have a long waiting list in most areas.

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 8250 0050 or put 'homecoming referral' as the subject of your email. Help is dependent on a volunteer being available.

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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.

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I am completing the form for myself			
Title	First name	Last name	
Date of Birth		Gender	
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

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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		Gender	
Postal Address (including postcode)		Landline	
		Mobile	
		Email	

Please return to **Communicare in Southampton, Amplevine House, Dukes Road, Southampton, SO14 0ST**, or email to referral@communicareinsouthampton.org.uk

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

Our volunteers are kind-hearted 'good neighbours' and not trained support workers or counsellors. 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?			

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What sort of help is required currently? *If requesting more than one type of help, please indicate which is greatest need. If you would like telephone befriending to be replaced with face to face when possible or to refer for lunch clubs when they restart, please note in the details box.*

<input type="checkbox"/> Shopping /errands e.g. prescriptions	<input type="checkbox"/> Telephone Befriending (usually weekly call)
<input type="checkbox"/> Accompanying on walks /meeting in community (when possible)	<input type="checkbox"/> Hello Southampton calls – up to 5 times weekly short ‘check in’ calls
<input type="checkbox"/> Transport to essential appointments	<input type="checkbox"/> Hospital Homecoming (short term)
<input type="checkbox"/> Gardening, minor DIY	<input type="checkbox"/> Other: please explain below

Please give brief details of help requested (and expected discharge date if Hospital Homecoming)

Transport Details: *Please note volunteers use their own cars, we do not have adapted vehicles*

Currently we cannot transport people who need a front seat due to social distancing. Passengers must be able to get in and out of the car without any help.

<input type="checkbox"/> needs front seat	<input type="checkbox"/> can get into back seat of a car with 4 doors
<input type="checkbox"/> 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 are able to be folded.

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. Completing this section is optional.

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				
White <ul style="list-style-type: none"> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Roma/Gypsy/Irish Traveller <input type="checkbox"/> Any other White background 		Mixed / Multiple ethnic groups <ul style="list-style-type: none"> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background 		
Asian / Asian British <ul style="list-style-type: none"> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background 		Black / African / Caribbean / Black British <ul style="list-style-type: none"> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background 		
Other ethnic group <ul style="list-style-type: none"> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group 				

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