

**MMI Companionship with Care**

**Referral Form**

**About MMI Companionship with Care…**

MMI Companions was created as a response to the Coronavirus pandemic, when the lockdown forced the close of the Me Myself & I services ‘Day Break’ and ‘Community Friendship Club’. Guests who enjoyed coming to Me Myself & I to socialise with others and have stimulation through activities suddenly found themselves at home with nowhere to go and no socialisation opportunities. Since the charity has slowly started to resume its activities, for many different reasons, some guests have not been able to return. The MMI Companions project is aimed at taking our services to the client in their home so that they can have the opportunity to experience the social interaction and stimulation they have missed. We are passionate about helping people to stay connected with others and improve their well-being by having socialisation support as well as some help at home to enable them to continue doing the things they enjoy.

**How it works…**

After being matched together based on the information received through the referral, our volunteer companion will make regular visits to the individual who is in need of companionship. This will be at a time, date and frequency that is convenient to the client. Visits may consist of a cup of tea and a chat in the home, or if the client is willing and able, going out and about into the community.

Typical activities include:

* Sitting and chatting.
* Making a cup of tea or coffee
* Going for a walk, dog walking or shopping.
* Shopping on behalf of the individual.

Companions are **unable** to carry out any personal care or provide support with medication (including prompting).

**All our clients are in Safe Hands…**

Before being matched with a client, all companions will have been vetted and had an enhanced DBS (criminal records) check as well as extensive training so you can be rest assured that anyone working or volunteering on behalf of MMI TwC will be honest, trustworthy and maintain the highest levels of confidentiality.

**How to make a referral…**

Referrals can be made by completing and emailing this form to info@mmitwc.co.uk. If you would like to make a referral over the phone, please call is on 01639 812528.

|  |  |
| --- | --- |
| **Referrer Information** |  |
| *Please tick the applicable statement below* |
| I would like to refer myself |  |
| I am a family member or friend who would like to refer someone I know |  |
| This is a professional referral |  |
|  |  |
| Date of Referral: |  |
| Referrers Name: |  |
| Name of Organisation (if relevant): | Relationship to the person being referred: |
| Address: | Contact Number: |
|  | Mobile Number: |
| Post code | Email Address: |

|  |  |
| --- | --- |
| **Details of the person being referred:** |  |
| Title | First name | Surname |
| Address | Contact Number |
|  | Mobile Number: |
|  | Email Address: |
| Post code | Date of Birth: |
|  |  |
| **Please tell us why you are referring this individual** |
|  |
| **Please let us know about any agencies that are currently involved in the care of this individual** |
|  |
| **Please tell us about any physical health issues the individual has (if any)** |
|  |
| **Please tell us about any mental health or wellbeing issues the individual has (if any)** |
|  |
| **Please let us know about any known risks, please specify all known risks to themselves and others.** |
|  |
| **Does the individual live alone?** |
|  |
|  |
| **When would be the best time to receive a regular visit/call?** |
|  | 9am – 12pm | 12pm – 6pm | 6pm - 9pm |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
|  |  |  |  |
| **Is there anything else you think we should know?** |
|  |
|  |
| **So that we can make the best possible match with a companion, please could you tell us about the individual’s interests and hobbies?** |
|  |
|  |  |
| **GP Details** |  |
| Name of GP: | Telephone No. |
| Address of Surgery: |
| **Next of Kin/Emergency Contact Details 1** |
| Title | First Name | Surname |
| Relationship to individual | Telephone No. |
| Address: | Mobile No. |
|  | Email Address: |
| Post Code: |  |
|  |  |
| **Next of Kin/Emergency Contact Details 2** |
| Title | First Name | Surname |
| Relationship to individual | Telephone No. |
| Address: | Mobile No. |
|  | Email Address: |
| Post Code: |  |
|  |  |
| **Data Privacy** |  |
| We will only use your data for the following purposes:* Contacting you
* Matching you with volunteers for companionship
* Monitoring for example for the purposes of funding requirements
* Equality monitoring

MMI TwC will only share your data with other staff. No external individuals or agencies will be given your information unless we ask you and agree in advance or if we have a safeguarding concern. By signing this referral form, I agree that MMI Trading with Care may use my data in the above ways. |
|  |  |
| **Declaration** |  |
| By signing this form, I agree that the information contained this referral is true and accurate.  |
| Signed: |  |
| Printed: |  |
| Date: |  |