**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 service ‘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.
* 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 companionship@mmitwc.co.uk If you would like to make a referral over the phone, please call us 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:** | **Contact Number:** |
| **Referrers Name:** | **Email Address:** |
| **Name of Organisation (If relevant):** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Relationship to the referred:** |  |

**Details of the person being referred.**

|  |  |  |
| --- | --- | --- |
| **Title:** | **First Name:** | **Surname:** |

|  |  |
| --- | --- |
| **Address:** | **Contact Number:** |
|  |  |
|  | **Email Address:** |
| **Post Code:** | **Date of Birth:** |

**Please tell us why you are referring this individual.**

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| --- |
|  |

**Please tell us about any agencies that are currently involved in supporting this individual.**

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**How would the Companion visits be funded? It could be multiple means such as (but not limited to) Client, Family, Direct Payments, or other benefits?**

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**Please tell us about any mental health or wellbeing issues the individual may have (if any)**

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**Please tell us about any known risks, please specify all known risks to themselves and others.**

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**Does the referral have any issues with mobility? If yes, list below.**

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|  |

**Does the referral have a do not resuscitate (DNR) in place?**

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| --- |
|  |

**Yes**

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|  |

**No**

**Does the individual live alone?**

|  |
| --- |
|  |

**Yes**

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| --- |
|  |

**No

 When would be the best time to receive a regular visit/call?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **9:00 – 12:00** | **12:00 – 18:00** | **18:00 – 21:00** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**Is there anything else we should know that wasn’t mentioned above?**

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| **So that we can make the best possible match with a companion, please could you tell us about the individual’s interests and hobbies?** |

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**GP Details**

|  |  |
| --- | --- |
| **Name of GP:** | **Contact Number:** |

|  |
| --- |
| **Address of Surgery:** |

**Social Worker Details**

|  |
| --- |
| **Name:** |
| **Contact Details:** |
| **Do you give consent for us to contact the social worker?** |

**Next of Kin/Emergency Contact 1**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |

**Emergency Contact 2**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |

**Data Privacy**

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| --- |
| **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**

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| **By signing this form, I agree that the information contained this referral is true and accurate.** |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Printed:** |  |
| **Date:** |  |