

Together We Can is a collection of resources for organisations developing a service where volunteers support families of a child with a life-limiting or life-threatening condition. The resources were developed and tested specifically for this purpose with volunteers working in the homes of a child with a life-limiting condition, but might be useful for any organisation developing volunteer services.

**Family referral and matching form**

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| **Name of pilot site/service:** | | | | | | | | |
| **1. Please tell us a little about the family** | | | | | | | | |
| **Parent/carer’s name(s):** | | | | | | | | |
| **Name of affected child:** | | | | | | | **Age:** | |
| **Child’s condition:** | | | | | | |  | |
| **Number of siblings:** | | | | | | | **Ages:** | |
| **Family address**: | | | | | | | | |
| **Postcode:** | | | | | | **Contact phone number:** | | |
| **2. Please give a little information about the family home/access**  (Please circle) | | | | | | | | |
| Flat:  Floor no: | House: | | Is there easy parking?  Y/N | | | | Is there a dog?  Y/N | |
| **3. Please indicate the volunteer support requested. NB these are examples of support that could be provided – needs may differ** | | | | | | | | |
| Shopping | | | |  | Help siblings with homework | | |  |
| Ironing | | | |  | Play activities with siblings | | |  |
| Housework | | | |  | Taking siblings to/from school | | |  |
| Cooking | | | |  | Helping with social outings | | |  |
| Gardening | | | |  | Signposting to advice on finance | | |  |
| Driving to appointments | | | |  | Supporting you at appointments | | |  |
| Collecting prescriptions | | | |  | Help to find local support for you | | |  |
| Dog walking/pets | | | |  | Help with IT | | |  |
| Someone for you to talk to | | | |  | Sharing hobbies | | |  |
| Other support: | | | | | | | | |
| **4.How often would this type of support be helpful (Please tick)** | | | | | | | | |
| Weekly | | Fortnightly | | | Monthly | | Occasionally as needed | |
| **5. Any other information to assist matching:** | | | | | | | | |
| **6. Referring member of staff**  **Name** (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **7. Matching process** | | | | | | | | |
| **Name of volunteer matched:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Role undertaken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Frequency of visits:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date match made:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Introduced to family by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of first visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Staff follow up made with volunteer after first visit (date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **8. Risk Assessment** | | | | | | | | |
| **Risk assessment completed (date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Undertaken by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |