

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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |