A logo with a sun and text

AI-generated content may be incorrect.**Helping Hands Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | |
| Name |  | | **CHI** | | | |
| Known As |  | | DOB | | | |
| Address | | | | | | |
| Postcode | | Lives Alone | Yes |  | No |  |
| Suitable for Outings | Yes |  | No |  |
| Tel: | | Home: | Mob: | | | |
| NOK / Main Contact: | |  | | | | |
| Relationship: | |  | | | | |
| Contact Number: | |  | | | | |
| GP name & address contact details | |  | | | | |

|  |  |
| --- | --- |
| **Has the person given consent for this referral**?  **If no, reason** | |
| **Medical condition/history** |  |
| **Person’s understanding of condition, any capacity issues** |  |
| **Reason for referral** |  |
| **Support currently in place** |  |
| **Any risk factors for staff/volunteers** |  |
| **Name of referrer/Designation**  **(please print)** |  |
| **Referrer address** |  |
| **Referrer contact number** |  |
| **Service information leaflet given:**  **If no, reason:** | |
| I confirm this person meets the criteria for this service | |
| **Signature** | **Date** |
| **Please send this referral form by mail to Helping Hands Service Team, Highland Hospice, 1 Bishops Road, Inverness, IV3 5SB, Or email to** [**nhsh.hospicereferrals@nhs.scot**](mailto:nhsh.hospicereferrals@nhs.scot) | |

Office use:

|  |  |
| --- | --- |
| **Referral form received** |  |

**Guidance for referrers:**

**Eligibility criteria:**

The Helping Hands service is available in Inverness, Nairn and east Ross-shire.

People aged 18+ with advancing life limiting illness/condition/disease, who are feeling lonely and/or isolated. We can also support family by offering respite visits.

The service offers a befriending service which provides social support to people within their own homes/communities. Each person is different therefore the help and support offered is tailored to their individual needs. It can be 1 to 1 social support, giving them company, having a chat over a cup of tea, going out and about, attend social group(s). It can also be a respite visit, being present in the home and keeping the person company while their main (non-paid) carer/loved one can have time to themselves knowing that the person is being well supported. It’s the real connection with volunteer befrienders which is at the core of the helping hands service offering support and companionship to the person and their family.

Our volunteers are everyday people wishing to provide support. They are PVG scheme approved and trained in the role. They do not provide personal care, medical care or domestic tasks, such as cooking, and cleaning and do not become involved in financial/legal matters. They can provide a good listening ear.

**Process after referral:**

Once the referral form has been received the Helping Hands Team will contact and arrange to meet the person and/or family to discuss their particular needs and wishes. If they meet our criteria they will be then place on our waiting list. The team will activity look to match the person with a volunteer befriender and you, the referrer, will be updated on the outcome of your referral.

**Data Protection:**

This information is collected for the purpose of the management of Highland Hospice clinical and care services. It will be stored and managed in accordance with Highland Hospice Data Protection and Confidentiality Policies and Procedures which all conform with current data protection legislation. It will not be shared without the prior consent of the person it applies to.