

Christmas Cheer 2020

Referral Form

**Since 2013 Marmalade Trust have been running Christmas Day events. Due to the pandemic we are not able to run events in the same way. However, we will be running a program of support projects aimed at increasing connection and reducing levels of loneliness throughout the festive period, called Christmas Cheer.**

**By completing this form, you are being referred to Christmas Cheer, where you will:**

* Be matched with a volunteer, who will telephone you weekly throughout December
* Receive a connection calendar
* Receive a visit by a volunteer on Christmas Day

**Referrals need to meet the following criteria to be considered:**

* Over 50 years old (do contact us if you know someone of a younger age, as this may be considered)
* Be alone on Christmas Day (other than carer or support visits)
* Living in Bristol, South Glos or North Somerset area

All information on this form will be stored confidentiality and in line with GDPR regulations.

If you need help completing this form, please call 07566 244788

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral details** | | | |
| Date of referral: |  |  |  |
| Name: |  | Address: |  |
| Date of Birth: |  | Telephone number: |  |
| If this form is being completed by a third party, please complete your details here | Name of referrer:  Organisation:  Contact: | | |
| Would you otherwise be on your own on Christmas Day? Yes ☐ No ☐ | | | |
| Being referred to Marmalade Trust’s Christmas cheer means you will be invited to have various contact over the festive period, including a weekly phone call, and a door step visit on Christmas day? Do you consent to this?  Yes ☐ No ☐  (please ensure you read and sign the consent section on the back page) | | | |
| **Prior to the volunteer visiting you at your home, they will call to check you do not have covid-19 symptoms. If you have symptoms, you are required to inform the volunteer and the visit will be rearranged.** Do you consent to this? Yes ☐ No ☐ | | | |
| **Personal info** | | | |
| GP surgery |  | NOK (next of kin) name |  |
| Ethnicity |  | NOK’s relationship |  |
| Dietary requirements? | Diabetic Type 1 ☐  Diabetic Type 2 ☐ Vegetarian ☐  Gluten free ☐  Dairy free ☐  Other: no needs | NOK tel no.  We are aware that some people may not have a designated NOK, in this instance please provide an emergency contact number |  |
| **Home environment – this information is helpful for us to know** | | | |
| Type (flat, house) |  | Can it be found easily? |  |
| Access (can you open door to volunteer; is there a door bell or buzzer) |  | Key safe  (we prefer not to take key safe numbers, if one is required please call 07566 244788) |  |
| **Accessing home – due to the current pandemic, it is useful for us to know further information** | | | |
| We will be delivering something to you on Christmas day, is that ok? | Yes ☐  No ☐ | Can you safely stand at your door step to have a socially distanced chat? (will you become tired quickly) | Yes ☐  No ☐ |
| Will you require help to take your delivery into your property? | Yes ☐  No ☐ | If yes, are you happy for a volunteer to briefly enter your home (full protective equipment will be worn) | Yes ☐  No ☐ |
| **Is there any additional info that would be helpful for volunteer?**  (eg hard of hearing, or cannot stand for long) |  | Do you have a visual impairment? |  |

-------------------------------------------------------------------------------------------------------------------------------------------------

**Please read and sign**

I would like to be included in Marmalade Trust’s Christmas Cheer projects

Data Protection – I understand that as part of a Marmalade Trust’s Christmas cheer project, my details will be held in a confidential, secure database, which is only used for communications with staff. Your name, address and contact number only will be passed to the volunteer. This information will remain on Marmalade Trust’s secure database for 5 years. But will be destroyed by the volunteer immediately after the project has ended.

Signature: …………………………………………………………………………………………………………….………………………………..

Date: ………………………………………………………………………………………………………………………………………………………

Please note consent can be verbal, but please note this. All referrals received will be subject to an eligibility check to ensure you meet criteria.

**Please email your completed form to:** [**christmas@marmaladetrust.org**](mailto:christmas@marmaladetrust.org.uk)

Thank you for completing this form. We will be in touch soon. If you have any questions, please call 07566 244788.