

My preference form

This form captures your preferences, interest and concerns around community activities and your community activity volunteer supporter. This information will help to pair you with a volunteer and plan your activity.

Please complete this form with your occupational therapist (OT) or activity coordinator

- 1. Do you have a strong preference for your community activity volunteer supporter to be of a particular gender?**

<input type="radio"/> No preference	<input type="radio"/> Male	<input type="radio"/> Female
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- 2. Please list 1-3 activities you are interested in and available to attend from the activity timetable**

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- 3. Please tell us up to 3 things you are hoping to get out of your experience with your community activity volunteer supporter?**

1	
2	
3	

Please review the next page

4. Please tell us up to 3 things that worry you about taking part in the community activity or about your community activity volunteer supporter, if any?

1	
2	
3	

To be completed after meeting your community activity volunteer supporter

5. Which activity have you selected to do with your community activity volunteer supporter?

6. Which day of the week and time will you attend the activity with your community activity volunteer supporter?

7. Does the occupational therapist or activity coordinator have any additional notes to share with the volunteering team which would be helpful in pairing you with a community activity volunteer supporter?

OTs / activity coordinators please review the next page

**To be completed by the occupational therapist or activity coordinator
after all above sections completed**

Please send all completed areas to the appropriate Community OT

**8. Name of service user, Trust ID, contact details, CMHT team
(north/south/central/R&R)**

9. If relevant, please provide the service users emergency contact details here

10. Name of community activity volunteer supporter and contact details

**11. Has referral to chosen activity been completed between service user and
volunteer?**

**12. List any other activities that the service user demonstrated interest in for CMHT to
follow-up (optional)**

**13. Please send completed document to the relevant community OT & Volunteer
Manager:**

Insert contact details for volunteer management team and community localities