|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date of Request: |  | UID (Office Use :) |  |
| **a)** | Requestor: |  | Contact Tel: |  |
| **b)** | Area/Department/Ward: |  | Method (office Use :) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ABOUT YOUR TASK** | | | | | | |
| **HOSPITAL RESPONDER** | | | |  |  | |
| *Tick* | **Pre Identified Tasks** | | | | | |
|  | 1) | Ward Telephone Support | | | | STANDARD |
|  | 2) | Tea Round Assistant | | | | STANDARD |
|  | 3) | Befriender (Patient conversations, buddy scheme) | | | | STANDARD |
|  | 4) | Navigator/Escort/Waiting Room Companion | | | | INTERMEDIATE |
|  | 5) | St Johns Ambulance Clinical Volunteer | | | | CLINICAL |
| Or **New/Adhoc task/Special Request/ Errand** | | | | | | |
| *(free Text)* | | | | | | |
| Who should the Responder present to? **a)** and **b) as completed above Yes**  If **NO** please complete area (site) contact details below; | | | | | | |
| **Named Area (Site) Contact,** incl Tel: | | |  | | | |
| **Contacts Job Role:** | | |  | | | |
| **When can your task/request be undertaken?** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUE** | **WED** | | **THU** | | **FRI** | | | **SAT** | | **SUN** |
| Enter DATE: |  |  |  | |  | |  | | |  | |  |
| TICK DAY(S) |  |  |  | |  | |  | | |  | |  |
| (Highlight) AM | [08:30-12:59] | [08:30-12:59] | [08:30-12:59] | | [08:30-12:59] | | [08:30-12:59] | | | [08:30-12:59] | | [08:30-12:59] |
| PM | [13:00-17:00] | [13:00-17:00] | [13:00-17:00] | | [13:00-17:00] | | [13:00-17:00] | | | [13:00-17:00] | | [13:00-17:00] |
| EVE | [17:00-20:00] | [17:00-20:00] | [17:00-20:00] | | [17:00-20:00] | | [17:00-20:00] | | | [17:00-20:00] | | [17:00-20:00] |
| **Is this task reoccurring?**  No  **, if yes please complete below, to enable us to plan ahead** | | | | | | | | | | | | |
| Please TICK DAYS |  |  | |  | |  | |  |  | |  | |
| Add times  (eg. AM or PM) |  |  | |  | |  | |  |  | |  | |
| **About the Duration:** | | | | | | | | | | | | |
| **How long do you think the task will take, or  How long you would like support from a Responder?** (in approximate hours) | | | | | | Under 1 hour | | Between 1 and 2, Hours | 2-3 hours | | More | |
| **When the task has been completed:** | | | | | | | | | | | | |
| Just so you know; our volunteer will be asked to obtain a signature from the ward staff, they will also record some non-confidential details, an example would be - how many patients they have helped, or how many telephone calls answered. To help us evaluate the impact of the service. | | | | | | | | | | | | |
| **Your Feedback is important:** | | | | | | | | | | | | |
| We would like to ask for feedback about this task and will send you a short feedback form via email for attention of the Requestor. Please let us know if there is anything we could have done better or differently. *Thank you*. | | | | | | | | | | | | |
| **PLEASE SEND YOUR COMPLETED REQUEST FORM TO** [responders@geh.nhs.uk](mailto:responders@geh.nhs.uk)  FOR QUESTIONS AND QUERIES ABOUT USING THIS REQUEST FORM OR OUR SERVICE,  Please call 02476 153345, 865000 or the Voluntary Services Co-ordinator on 07818 510728 | | | | | | | | | | | | |