|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 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  |