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**WHY I WANT TO BE A COMPASSIONATE COMPANION**

We would love to know more about you and why you would like to become a Compassionate Companion. It may be that you are choosing this role as a befriending service or, as a statutory service provider to become a Compassionate Companion champion for your organisation.

Please can you respond, in confidence, to the questions below and email your reply to [bill.thompson1@nhs.net](mailto:bill.thompson1@nhs.net). We will be back to you soon to let you know the next steps. Many thanks in advance for sharing with us more about yourself.

When we have received your responses, we will be in touch by email to arrange a mutually agreeable time to meet together on zoom for an informal chat (for volunteers only) and to share any queries we, or you, might have before committing to the ***3 day training programme***.

Please mark which training session you wish to attend as your first choice (there are limited numbers so if the course of your choice is full please mark which other course you can attend as your second choice):

**Monday 11th, Tuesday 12th and Thursday 14th September at Kesgrave Community Centre** (**this course is for statutory** **organisation staff only**).

1st, 2nd Choice

1st, 2nd Choice choice

**Monday 6th, Tuesday 7th and Thursday 9th November at Kesgrave Community Centre.**

1st, 2nd Choice choice

**Monday 22nd, Tuesday 23rd and Thursday 25th January 2024 at Kesgrave Community Centre.**

*This innovative and new service is funded by the NHS and its aim is to help people make decisions about their end of life care and to avoid unnecessary and distressing admissions to hospital.*

**PLEASE CONFIRM FOR WHICH ROLE YOU ARE ATTENDING THE TRAINING:**

**Compassionate Companion Volunteer Role  (Click in the box to mark an x)**

**(Please complete section One)**

**Statutory Organisation Representative Role  (Click in the box to mark an x)**

**(i.e. care home staff, care giving agency, INT employee)**

**(Please complete section Two)**

**SECTION ONE (Compassionate Companion Volunteer Role)**

NAME

ADDRESS

TELEPHONE NUMBER

EMAIL

CAR OWNER & DRIVER ?

ACCESS TO INTERNET AND ZOOM ?

ESTIMATED TIME YOU CAN VOLUNTEER e.g. days and times you could be available *(this is very flexible and can be anything from an occasional visit to one or two contacts a week and depends on availability of companion and client)*

**Do you agree to information sharing (this is required to enable effective and timely communication plus comprehensive record keeping): YES/NO**

Why would you like to become a Compassionate Companion?

Have you any experience of volunteering before?

What life experience, knowledge and skills might you have which you think would be of benefit to this important role?

A key part of this role is to be able to introduce sometimes difficult discussions, pick up cues and aid the person to make end of life decisions. How do you feel about this?

What do you believe to be the purpose of this role?

Tell us what you think is important to a person (and those close to them) at the end of life?

Is there any aspect of being a Compassionate Companion which concerns you or which you think may be a challenge so that we can be aware and ensure respect and for support for you?

What do you consider your qualities to be?

If you feel able, tell us about any personal experiences you have of supporting a person in any capacity.

Is there anything else you would like us to know about you that we haven’t asked or you haven’t told us?

An important part of this volunteering role is to *attend* peer support group meetings via zoom currently every 2 weeks.  How comfortable are you using zoom?

*This is for peer support, governance and part of how we can evaluate the service to prove its effectiveness and therefore receive ongoing funding.  For this reason we ask companions to be confident with zoom but we can provide some training as long as your internet connection is good.*

*Zoom is surprisingly easy and simply a click on the meeting date will take you into the meeting*

*This volunteer role is part of the project which also requires the collection of information in the form of a diary sheet which will need to be completed and emailed following every contact with your companion.  It is not an onerous task and should only take around 10 minutes on average.  We can show you how easy it is but basic confidence with using email and completing forms on line is necessary.*

We look forward to welcoming you,

Thank you

Compassionate Companion Team

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**SECTION TWO (Statutory Organisation Representative Role)**

NAME

ROLE

STATUTORY ORGANISATON **NAME AND POSTCODE**

STATUTORY ORGANISATION TELEPHONE NUMBER

STATUTORY ORGANISATION EMAIL ADDRESS

PERSONAL TELEPHONE NUMBER

PERSONAL EMAIL ADDRESS

**Do you agree to information sharing (this is required to enable effective and timely communication plus comprehensive record keeping): YES/NO**

Why would you like to undertake this role?

Have you any experience of having conversations around end of life before?

What work and/or life experience, knowledge and skills might you have which you think would be of benefit to this important role?

A key part of this role is to be able to introduce sometimes difficult discussions, pick up cues and aid the person to make end of life decisions. How do you feel about this?

What do you believe to be the purpose of this role?

Tell us what you think is important to a person (and those close to them) at the end of life?

What do you consider your qualities to be?

***This innovative service is funded by the NHS in the form of extra award for the next 12 months and there is a requirement to evaluate the benefits of this service. Therefore if you attend the training there is an expectation that you and your line manager agree that you will complete a survey following every end of life discussion with your patients. It is not an onerous task and should only take around 5 - 10 minutes on average.  We can show you how easy it is but basic confidence with using email and completing forms and surveys on line is necessary.***

I agree to complete a short survey/evaluation when requested as above: YES/NO

We look forward to welcoming you,

Thank you

Compassionate Companion Team