



Care Setting Initial Consultation Form	
Name of home	
Address of home	
Manager's name	
Manager's contact number	
Manager's email	
Preferred method of contact (Phone, letter, email , in person).	
Activities co-ordinator's name	
Activities co-ordinator's contact number	
Activities Co-ordinator's email	
Preferred method of contact (Phone, letter, email , in person).	
Who is the preferred point of contact? (e.g. when reminders are sent out a few days before the session)	
Needs of residents	
Current faith input e.g. regular church service or communion? When do these occur?	
Day of the week and time for the sessions	
Frequency of sessions	

<p>Date of first session - which will be a tea party to get to know the residents.</p>	
<p>Which room will be set apart for the sessions? Requirements include: quiet and as free from distractions as possible, appropriate size for group, with appropriate furniture</p>	
<p>Maximum number of residents attending each session.</p>	
<p>Length of the sessions. e.g. 1 hour, 90 minutes</p>	
<p>Will there be an open invitation to all the residents or will the sessions be for a particular group of residents (and will this be the same for every session)?</p>	
<p>Are there staff available to bring residents to the sessions, if needed?</p>	
<p>Will the home provide refreshments (tea and biscuits) and can this be co-ordinated with the Feast time?</p> <p>Can other items of food and drink be brought into the home?</p>	
<p>Will the feedback forms be emailed or paper copies provided?</p>	
<p>Is parking available for the volunteers?</p>	