

WELCOME TO FORGET-ME-NOT CLUB

A LITTLE BIT ABOUT US....

Forget Me Not Club runs a varied programme of activities each week Monday to Friday at our resource centre in Banchory with the exception of Thursday where we have an outreach day. We also have weekly sessions at Aboyne and Kirkton of Skene. Our session details are as follows:



Bennett House, Arbeadie Road Banchory

Monday, Tuesday, Wednesday & Friday **10am - 3pm**

Aboyne & Deeside Church Hall Monday **10.30am - 1.30pm**

Milne Hall Kirkton of Skene Tuesday **10.30am - 2pm**

Outreach Thursday **10am - 4pm**

Aims of FMNC:

To welcome anyone living with a dementia diagnosis to come and join our sessions that will support all involved. Once an assessment has been carried out by our General Manager Eunice Gardyne, we also allocate day/s that suits both member, family and FMNC. We also try our best to ensure sessions are compatible, we try to tailor sessions to members needs/likes and no one has to do anything they are not happy to do. We try to have as many activities as possible along with movement during our sessions, whether this is dancing or gentle exercise to provide lots of stimulation to promote healthy living. Our goal is to ensure everyone enjoys their time with FMNC and goes home smiling.

We have an amazing team of permanent/ relief support workers and volunteers at the centre, meaning that people coming for activities need not be accompanied. Our sessions are structured but relaxed and homely too.

Forget-Me-Not Club relies solely on fundraising and donations for income, and we would welcome a minimum donation of £10 per session to cover meal/snack provision.

A standing order form is included with this pack as we often find this easier than people arriving with cash at the centre, which can cause confusion and distress.

BENNETT HOUSE TEAM

Our dedicated team lead by General Manager at Forget Me Not Club consists of 5 permanent & 1 Relief Support Staff, Cook, Cleaner, Accounts & Admin Assistant, Grant Funding Officer, and Fundraising & Events Coordinator. We have a fantastic team of volunteers who support us with sessions, coffee mornings and with events.

TRANSPORT

We can arrange transport for our members to and from Bennett House within Banchory if there are no family member or carer available to help with transport.

Forget-Me-Not Club – Dementia Support

Registered Charity in Scotland SC032239

Forget-Me-Not Resource Centre, Bennett House, Arbeadie Road, Banchory, AB31 5XA

01330 822 655 | info@forgetmenotclub.co.uk | www.forgetmenotclub.co.uk



LIFE STORY – A LITTLE BIT ABOUT YOU...

We would appreciate some background information about your relative when they join FMN. With this in mind, we have enclosed a form for you to complete which asks for information such as their life history/experiences, where they grew up, schools, favourite/special things, work & family. It is valuable, particularly if they become upset at any time – we then can have discussions around familiar things with them. It also means that we can tailor activities to suit everyone's interests.

UPDATES

Should there be any changes in your relative's physical or mental health, admission to hospital/respice or they are unable to return to the club for any reason, please do let us know.

SECURITY

This is taken very seriously within FMNC as the safety of our members is paramount. Bennett House has a keypad system at main entrance and staff door - these doors are always locked, ensuring that no one can walk in/out. Our totally enclosed garden also has keypad system. We ask that you discourage loved ones from bringing along valuables to the sessions, in particular handbags, wallets/cash as this can cause upset with members trying to pay staff for their lunch.

It is preferable that donations are done via bank transfer, standing order or given to a member of staff when dropping off.

PERSONAL CARE/MEDICATION

We do not carry out personal care or administer medication at FMN. Should anyone have incontinence issues or require support with toileting please inform the team as early as possible and measures can be put in place.

If you have any concerns you wish to discuss with us, please let a member of staff know at pick up or drop off time, or phone to arrange a suitable time for a catch up. Our coffee morning on a Saturday 10am-12 is a suitable place for an informal chat, there is always a member of staff on hand to help.

We look forward to getting to know you and your family, please do not hesitate to contact us with even the smallest of concerns or just to talk.

With love,

FMNC Team



CLIENT REFERRAL FORM

| | |
|---|--|
| Name | |
| Address | |
| Telephone | |
| Date of birth | |
| Name and role of referrer | |
| Date of Dementia Diagnosis | |
| Type of Dementia (if known) | |
| NOK / Main carer Telephone & Email | |
| GP Practice | |
| DNR YES/NO | |
| Mobility issues (falls/aides) | |
| Medical concerns (diabetes etc.) | |
| Current Support in place at home i.e. carers | |
| Tea/coffee preference: (milk/sugar) | |
| Dietary Requirements i.e. allergies | |
| Signature | |
| Date | |



A LITTLE BIT ABOUT YOU...

It is always beneficial for the team to know if our members have any specific needs or preferences, as this can help significantly with the settling-in process and provide distraction when required. We would be extremely grateful if you could provide some information as requested below...

MY NAME

Your full name but also the name would prefer staff to use if this is different:

HOME, FAMILY AND THINGS THAT ARE IMPORTANT TO ME

This could be details of your family members, good friends, pets, or other aspects about life at home that means a lot to you:

MY LIFE SO FAR

This may include your past or present employment, experience, and skills you have, special places, interests, hobbies, important dates, and events in your life:

FOOD AND DRINK

Tell us about your dietary likes and dislikes, drink preferences i.e. tea/coffee and how you like it or if you prefer juice/water. Please let us know about allergies or special dietary requirements

GETTING ABOUT:

Tell us how do you normally get around indoors and out; do you use any aids such as a walking frame or stick, can you manage distances, stairs or need an inhaler?

ADDITIONAL INFORMATION:

Is there anything else you would like us to know that we have not already asked?

MEDICATION GUIDELINES

Forget-Me-Not Club does not routinely support clients with medication and every attempt should be made by the client, family members or carers to avoid the need for medication to be taken during their visit. Advice can be sought from a pharmacist or doctor regarding administration times or changes to formulations, such as modified release medication, to avoid the need for the client to take medication during their visit to Bennett House.



Forget-Me-Not Club staff may not administer medicines. Administration is the formal process of deciding which medication should be given, directing the client to take medication, or placing medication into the client's mouth.

Clients have the right to decline to take medication.

However, in exceptional circumstances where it is essential for a client to take medicines during their time at Bennett House the appropriate procedure must be followed:

1. The client must have capacity regarding their medicines and maintain responsibility for taking their own medicines.
2. Medicines should be labelled appropriately with the client's name and the directions of when the medication should be taken.
3. Provided staff members are made aware that the client is in possession of medication, it may be retained by the client. Otherwise, medication may be handed to a member of staff who must ensure the medication is stored in a safe place out of reach of other clients or visitors.
4. Forget-Me-Not Club staff may prompt or support the client with ORAL medicines only. Prompting is reminding a client of the time or asking if they have taken their medication. Assistance may be given in opening containers, confirming labelling directions, placing medication in the client's hand etc.
5. If a prompt has been given, the staff member must record in the Office Diary in the Client section stating the time and by whom.
6. Any concerns Forget-Me-Not Club staff have that may include, but not limited to, a client declining medication, having difficulty taking medication or regarding safe storage/handling of medicines should be reported to General Manager, Eunice Gardyne in the first instance.

June 2023

Review June 2024 or sooner if required.



MEDICATION ADMINISTRATION CONSENT FORM

I _____ (print name) being a relative _____ (state relationship),
carer or responsible person for _____ D.O.B: _____
hereby confirm that I have read and understood the medication guidelines in relation to
the administration of any necessary oral medicines at Bennett House or at any other
Forget-Me-Not activity locations.

I also agree to contact the General Manager, Eunice Gardyne or in her absence a senior
support worker at Bennett House regarding any relevant changes in medication regime or
any other concerns in this respect as soon as possible.

Signed: _____ **Date:** _____



CONSENT FOR PHOTOGRAPHS & VIDEOS

Photographs and videos are regularly taken at FMNC sessions and fundraising events. They will be used to promote the activities of FMNC on its website, Facebook page, Instagram, Linked In and in promotional material, such as Newsletters and Information Packs. They may also be used for fundraising purposes.

Photographs and videos on our social media platforms and website can be shared, therefore a much wider community may be able to view these.

Please indicate and sign below whether you are happy to be included in photographs and videos as described above:

YES: NO:

| | |
|-------------------|--|
| Name: | |
| Signature: | |
| Date: | |

Your consent may be withdrawn at any time by informing **Eunice Gardyne, General Manager**.

PLEASE NOTE, HOWEVER, AT FUNDRAISING EVENTS, OUTSIDE PARTIES MAY ALSO BE TAKING PHOTOGRAPHS AND VIDEOS, WHICH IS OUTWITH OUR CONTROL. PLEASE ENSURE YOU MAKE EUNICE GARDYNE AWARE IF YOU DO NOT WISH TO TAKE PART IN THESE EVENTS FOR THIS REASON.

Please send this form to your Bank or Building Society



BANKERS ORDER FORM

To: The Manager
Bank/Building Society: _____
Address: _____

Please debit the sum of £_____ on the _____ day of _____ (month) two thousand and _____ (year) and thereafter every _____ (month/year) on the same day from my account number _____ and pay to the account of:-

ACCOUNT NAME: FORGET-ME-NOT-CLUB S.C.I.O.
BANK: VIRGIN MONEY
SORT CODE: 82-61-00
ACCOUNT NO: 00287679

Signed: _____ **Date:** _____

Name (PLEASE PRINT): _____

Address: _____

Postcode: _____

Please return this form to Forget-Me-Not Club, F.A.O Susan Massie if you are a UK taxpayer and wish Gift Aid to be reclaimed on your donation.



GIFT AID DECLARATION

Name of Charity: Forget-Me-Not-Club
Charity Reference: SC032239

Donor's FULL NAME (Please Print): _____

Donor's Title (Please Circle): Mr/Mrs/Ms/Miss/Rev/Dr or other _____

Donor's Address (Please Print): _____

Post Code: _____

I would like Forget-Me-Not-Club to treat all donations I have made since 6th April 2009 and all donations I make from the date of this declaration, until I notify you otherwise, as Gift Aid donations.

Signature of Donor: _____ Date of Signing: _____

GIFT AID NOTES

- You can cancel this Declaration at any time by notifying the Forget-Me-Not Club
- You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the Forget-Me-Not-Club reclaims on your donation in the tax year
- If, in the future, your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the Club reclaims, you can cancel your Declaration
- If you pay tax at the higher rate, you can claim further tax relief in your Self-Assessment tax return