Veteran Friendly Framework Application

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| Name of Organisation | | Care Home | | |
| CQC- Home registration number: |  | | | |
| Type of Provider – multiple  options: | Choose an item. | | | |
| Region: |  | | | |
| Postcode: |  | | | |
| Lead contact and details: |  | | | |
| Submission date: |  | | | |
| Executive lead (if applicable) |  | |  | |
| Champion/s Name |  | |  | |
| Standards Requirements Met: | | | | YES/NO |
| 1. **Your Care Home understands and has signed the Armed Forces Covenant.** | | | | Choose an item. |
| 1. **Your Care Home has a designated Armed Forces Community Champion/s to support and deliver the framework.** | | | | Choose an item. |
| 1. **Your Care Home ensures that Armed Forces Community status is included in people’s care plans.** | | | | Choose an item. |
| 1. **Your Care Home share’s a person’s Armed Forces Community status with clinical services to ensure they receive appropriate care.** | | | | Choose an item. |
| 1. **Your staff are trained and educated in the needs of the Armed Forces Community.** | | | | Choose an item. |
| 1. **Your Care Home has established links to local services for the Armed Forces Community.** | | | | Choose an item. |
| 1. **Your Care Home supports the UK Armed Forces as an employer.** | | | | Choose an item. |
| 1. **Your Care Home raises awareness of the Armed Forces Community.** | | | | Choose an item. |
| |  |  |  | | --- | --- | --- | | **New submission** | **1 year review** | **3 year re submission** | |  |  |  |  |  |  |  | | --- | --- | --- | | How many veterans/spouses/partners do you have in your care home ? Please include their ages. |  | | | By what gender do your Veterans identify themselves?  (Please provide numbers in relate boxes) | Male |  | | Female |  | | Non-Binary |  | | Transgender man/woman |  | | What age range are your veterans in your care?  (Please give numbers) | 60 years and under |  | | 60 years and over |  |   This submission is an objective, factual, evidence-based assessment against the 8 VFF standards described above.  **Opening narrative** (Background to Care Home, Veteran engagement, description population)  **Standard 1:**  **Your Care Home understands and has signed the Armed Forces Covenant; (**Date signed, Local authority informed of signage)  **Standard 2:**  **Your Care Home has a designated Armed Forces Community Champion/s to support and deliver the framework.**  **Lead Contact:**  **Executive Sponsor**: (If applicable)  **Champion 1:**  **Champion 2:**  **Standard 3:**  **Your Care Home ensures that Armed Forces Community status is included in people’s care plans.**  (What matters to me: what my service means to me/my family. Information for bank and agency staff) (Resource available if required)  **Standard 4:**  **Your Care Home shares a person’s Armed Forces Community status with clinical services to ensure they receive appropriate care.**  (Sharing Veteran status with external colleagues, e.g., Hospital/Dentist, Mental Health services) (Resource available if required)  **Standard 5:**  **Your staff are trained and educated in the needs of the Armed Forces Community.**  (Training resources available if required)  **Standard 6:**  **Your Care Home has established links to local services Armed Forces Community.**  (National/Regional/Local Charities/Breakfast clubs/ Local Authority AF services)  **Standard 7:**  **The Care Home supports the Armed Forces as an employer;** (Signed up to Armed Forces Employee Recognition Scheme, minimum Bronze Award Status required)      **Standard 8:**  **The Care Home raises awareness of the Armed Forces Community;** (E.G. Posters/Celebrating AF Events with residents/ Veteran Friendly status sharing)  **Future plans:** (Any development, quality improvements for veterans planned) | | | | |
| **Best Practice noted:** | | | | |
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|  | | | | |
| **Recommended for approval: Yes/No** | | | | |
| **If no, rationale for decision:** | | | | |
| **Submission Approved** | | | | |

**Digital signatures**

Lead:

Date Approved:

Date for year 1 review: