**EXAMPLE**

**Statement of Wishes should I become seriously ill or in need of care**

**THIS STATEMENT SHOULD ACCOMPANY THE SISTER IN THE EVENT OF ADMISSION TO HOSPITAL.**

In order to know how you would like the Leadership, Community or a named Sister in the Congregation to act in the case that you become seriously ill or in need of care, but are not able to make your wishes known, it is important that the Congregation has a record of your wishes concerning your wellbeing and care needs.

This document will also help inform health professions and those involved in your care to be aware of your personal details and choices about your care. (Please be aware this Statement will be made known to health care professionals but it cannot be guaranteed they will abide by the content.)

Please complete the form below so the Congregation (Leadership, Community or a named Sister) together with health professionals, can support you in your choices regarding your care.

A copy of this Statement will be held in your Community and also centrally.

**PART 1: MY NAME AND CONTACTS**

1.Name

 …………………………………………………………………………

 Baptismal name (if different)

…………………………………………………………………………

 Religious name (if applicable) ………………………………………………………………………….

2. Date of Birth (Day/Month/Year)

…………………………………………………………………………

 Place of birth …………………………………………………………………………

3. Date of Entry into the Congregation

 ………………………………………….................................

4. Present Community

 ………………………………………………………………………

5. My Local Community Contact is (name) ………………………………………………………………………….

 Phone Number(s) ………………………………………………………………………….

6.My Named Person from the Congregation is:

 Name: ………………………………………….. Contact Details: ………………………..

Have you informed the Named Person that you have Named them? Yes/No

 (A second named person may be named from outside the Congregation.)

 Phone Number(s) ………………………………...

 Email:……………………………………………….

7. Family member(s) to be notified:

 Name(s) Relationship Phone number(s)

……………………………………............... (e.g. brother) ……………………………

………………………………………………. ………………. …………………………

 ……………………………………………… ………………. .………………………...

**PART 2: CARE NEEDS WHEN ILL OR FRAIL**

1. My National Insurance Number is ……………………………………………………

 NHS Medical Card Number …………………………………………………….

2. If I cannot take care of myself in my home or Community, (for whatever reason), my preference would be:

to be cared for in a care home,

to be cared for in a care home where there are other members of my Congregation or other. (please state below)

……………………………………………………………………………………………………………………

3. Regarding medical care.

 If the question arises concerning resuscitation or not, my wish is:

 (Please circle (a) or (b) below)

1. I do wish to be resuscitated
2. I do not wish to be resuscitated

***These are my wishes:***

**Signed:** ………………………………………………………………….

**Date:** ………………………………………………………………….

**Statement of Wishes Upon my Death**

In order to know how you would like the Leadership/Community/ your Named Person(s) to act in the case of your death, it would be helpful and important that the Congregation has a record of your wishes relating to our actions upon your death.

Please complete the form below so that your wishes can be fulfilled wherever possible.

A copy of this Statement will be held in your Community and also centrally.

**PART 1: WISHES RELATING TO MY DEATH**

1. **Organ donation:** My wishes regarding the donation of my organs are as follows[[1]](#footnote-1):
2. I would like my body to be used for research YES / NO

If answering no, I confirm I have completed and submitted the NHS opt out form. (See note 1 below).

Please state any specific organs to be excluded/included

**PART 2: MY FUNERAL**
My wish is to be buried / cremated ……………………………………………………………………………………………..

I would like the following included in my Funeral Liturgy: *(please attach further pages if necessary)*

*Readings*

*Hymns*

*Music*

*Other*

Anything else I would like to say about my funeral:

***These are my wishes:***

**Signed:** ………………………………………………………………….

**Date:** ………………………………………………………………….

**NB: The 2 Sections of this STATEMENT OF WISHES can be revised as and when necessary, but at least every year due to changes in health and leadership roles, as well as updated government regulations and requirements.**

**Sisters are encouraged to share these wishes with their community, named person(s) and family members and as appropriate, their doctor.**

January 2021

1. *Everyone in the UK is now* automatically *registered for organ donation unless they specifically opt out. This decision needs to be recorded in advance with the NHS by completing an NHS opt out form. Should you wish to do this, please ask for assistance or go to https:/www.organdonation.nhs.uk* [↑](#footnote-ref-1)