

**National Programme on**

**Reintegration of Stabilised Mental Patients of**

**the Brown Sequard Mental Health Care Centre**

EXPRESSION

OF INTEREST FROM RESIDENTIAL CARE HOMES

October 2022



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| CONTACT DETAILS |
| **Name of Residential Care Home** |  |
| **Postal Address**  |  |
| **Tel** |  |
| **Email** |  |
| **Website** |  |
|  |  |
|  | **Name** | **Email** | **Tel** |
| **President/Chairperson of Managing Committee/Board** |  |  |  |
| **Person responsible for day-to-day management of RCH**  |  |  |  |

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| **RESIDENTS**  |
|  | **Number of Residents** |
| **Actual**  |  |
| **Capacity** |  |

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| **HUMAN RESOURCES** |
| **Catagory** | **Number Full Time** | **Number Part-Time** |
| **Technical Staff** (e.g., caregivers, medical and paramedical staff) |  |  |
| **Management and Administrative Staff** |  |  |
| **Other** *(Please specify)* |  |  |

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| TRACK RECORD |

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| Number of years in operation  |  |
| Whether licenced under the Residential Care Home Act  | **Yes/No** |
| Whether currently accommodate any residents with mental illness | **Yes/No** |
| Whether have experienced staff to work with mentally ill patients | **Yes/No** |

**INTERVENTIONS UNDER THE NATIONAL PROGRAMME**

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| Indicate number of mental patients able to accommodate (maximum of 10) |  |
| Able to provide the following services:o Appropriate care and residential serviceso Giving medication to patients as may be prescribedo Social and leisure activities, including outdoor activities in collaboration with NGOso Conveyance of patients to hospital in case of emergency | **Yes/No** |
| Agreeable to work with NGOs and provide access to NGO staff on premises for:o Follow ups of patientso Occupational therapy (twice monthly for a period of 12 months)o Psychological support (twice monthly for a period of 6 months) | **Yes/No** |
| Allow family members to visit patients | **Yes/No** |
| Agreeable for carers/staff to be given necessary training including on the job training | **Yes/No** |
| Agreeable to submit regular feedback/reports on patients | **Yes/No** |

**DECLARATION FORM**

I, the undersigned, declare as the representative of < *Organisation Name*> that:

* All information given in this Expression of Interest is accurate.
* The organisation will provide any further information to the National Social Inclusion Foundation as and when required for the purpose of due diligence.
* The Expression of Interest has been approved by the Managing Committee/Board of the organisation.

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| Name  |
| Position  |
| Signed  |
| Date  |

*(Please affix seal of the organisation*)

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