**Step Up Referral Form**

**CONFIDENTIAL INFORMATION**

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| Date form completed:  |  |
| Participant First Name: | Surname: |
| Address:  | Telephone:  |
| Postcode: | Date of birth: |
| Email address: |  |
| Preferred method of communication:[ ]  Email[ ]  Telephone | [ ]  WhatsApp [ ]  Text Message |
| GP surgery: | Other Mental Health professional/s:  |

**REFERRERS DETAILS**

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| Name of referrer: | Job Title: |
| Name of organisation: | Telephone: |
| Email address: |  |
| Address: |

**Please tick the appropriate box in relation to your client:**

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| **Recently completed therapy** |  |
| **In therapy** |  |
| **On waiting list for therapy** |  |
| **Not receiving therapy** |  |

**If your client is in therapy/on the waiting list, please provide further details below:**

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| **WHAT AREA WOULD YOUR CLIENT BE INTERESTED IN?** Please tick a **max of 6** |
| Animals |  | Families |  | Museums & heritage |  |
| Art, Culture & design |  | Faith based |  | Music |  |
| Children |  | Health, Hospices, Hospitals |  | Older people |  |
| Disability |  | Homeless & Housing |  | Politics |  |
| Disaster relief |  | Human & Civil Rights |  | Prisoners & Ex-Offenders |  |
| Domestic Violence |  | International Aid |  | Poverty |  |
| Drugs and Addictions |  | Legal & Justice |  | Race, Ethnicity & Migration |  |
| Education & Literacy |  | Mental Health |  | Sport & Outdoor Activities |  |
| Emergency Services& safety |  | Lesbian, gay bi and Transsexual |  | Women |  |
| Employment |  | Libraries |  | Veteran |  |
| Environment & conservation |  | Mentoring |  | Young people |  |

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| **WHAT ACTIVITIES WOULD THEY LIKE TO UNDERTAKE WHILST VOLUNTEERING?** |
| Please tick **up to 3 skills that you would like to develop** and **up to 3 skills that you already have** and would like to use in your volunteering |
|  | **Like to**  | **Have** |  | **Like to**  | **Have** |
| Administration |  |  | Fundraising |  |  |
| Advice information & support |  |  | Gardening |  |  |
| Art & design |  |  | General & Helping |  |  |
| Befriending, Buddying & mentoring |  |  | Hostel |  |  |
| Building and construction |  |  | IT, Technology & websites |  |  |
| Business, Management & Research |  |  | Languages & translation |  |  |
| Campaigns & Lobbying |  |  | Legal  |  |  |
| Caring |  |  | Marketing, PR, Media |  |  |
| Catering |  |  | Music |  |  |
| Community work |  |  | Practical Work and DIY |  |  |
| Counselling |  |  | Retail & Charity Shops |  |  |
| Driving (must have full driving licence) |  |  | Sports Coach |  |  |
| Employee/Group Volunteering  |  |  | Support work |  |  |
| Entertainment |  |  | Teaching, Training & Coaching |  |  |
| Finance |  |  | Trusteeship & Committees |  |  |
| Events & stewarding |  |  | Under 18 Volunteering |  |  |
| First Aid |  |  | Volunteer Management |  |  |

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| **SECTION 6: WHEN WOULD THEY BE AVAILABLE TO VOLUNTEER?** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **PM** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **EVE** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Reason for referral**:

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**Relevant information regarding diagnosis and risk assessment: *(to help us make sure that we can provide a safe and supportive environment for new clients please inform us of any relevant history of aggression and threatening behaviour and tell us about any trigger that could cause distress for the service user when volunteering and interacting with us)***

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**Equal Opportunities Monitoring Information**

**You do not have to provide any of the information requested here if you prefer not to.**

**It is up to each individual to choose how, and if, they define themselves.**

VCH is committed to a policy of equality of opportunity and aims to be an inclusive organisation,

where everyone is treated with fairness, respect, equality and dignity. To ensure that VCH attracts

and provides services for a diverse range of users, and to monitor the effectiveness of our policies

and procedures, we collect equal opportunity data. The data you provide here will be treated as

strictly confidential and anonymous. It will be used only in accordance with our Equal Opportunity

and Data Protection policies (copies of which are available on request).

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| **SECTION 1: AGE GROUP**  |
|  Under 15  |  |  30-34  |  |  50-54  |  |
|  15-18  |  |  35-39  |  |  55-59  |  |
|  19-25  |  |  40-44  |  |  60-64  |  |
|  26-29  |  |  45-49  |  |  Over 65  |  |
|  |  |  |  | Prefer not to say |  |
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| **SECTION 2: GENDER** please delete |
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| Male  |  | Female  |  |

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| **SECTION 3: EMPLOYMENT STATUS**  |
| Employed - Full time  |  | House Person |  |
| Employed - Part time  |  | Carer |  |
| Self employed  |  | Retired |  |
| Unemployed - 12 months and less |  | Unable to work  |  |
| Unemployed - 13 months and over |  | Unwaged/ Not Seeking Work |  |
| In Full Time Education |  | Prefer Not to Say |  |
|  |
| **SECTION 4: ETHNICITY**  |  | Black or Black British – Caribbean |
| Asian or Asian British - Any Other Asian Background |  | Chinese |  | White British |  |
| Asian or Asian British -Bangladeshi  |  | Mixed - Any Other Mixed Background  |  | White Irish |  |
| Asian or Asian British -Indian  |  | Mixed - White and Asian |  | Any Other |  |
| Asian or Asian British - Pakistani  |  | Mixed - White and Black African |  | Prefer Not To Say |  |
| Black or Black British - African  |  | Mixed - White and Black Caribbean |  |  |  |
| Black or Black British - Any other  |  | White - Any Other White Background  |  |  |  |

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| **SECTION 5: DISABILITY**  |
| SHAPE use the following definitions of disability: “People with physical, mental or sensory disabilities: with hidden disabilities such as psoriasis, epilepsy, heart, chest conditions: people with disabilities linked to ageing: people suffering from mental ill health.”We stress that the information collected on the form below is confidential and will not be used in any way whereby an individual can be identified. Do you consider yourself to have a disability or long-term life limiting illness? (please circle) Yes No |

You will be contacted as soon as possible. We will attempt to contact you 3 times based on your contact preferences, if we have not been able to speak to you after 3 contact attempts we will need to close your referral.

Thank you for completing this referral form. Please send completed referral form to:

Email: stepupadmin@vchackney.org

Post: Step Up Admin
Volunteer Centre Hackney,

Unit 12 - 13 Springfield House,
5 Tyssen Street,

Hackney,

E8 2LY

**Thank you! The Step Up team will be in touch soon to arrange a meeting.**