



## Step Up Referral Form

### CONFIDENTIAL INFORMATION

Date form completed:	
Participant First Name:	Surname:
Address:	Telephone:
Postcode:	Date of birth:
Email address:	
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Telephone	<input type="checkbox"/> WhatsApp <input type="checkbox"/> Text Message
GP surgery:	Other Mental Health professional/s:

### REFERRERS DETAILS

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

Please tick the appropriate box in relation to your client:

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:

--



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	

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		



**SECTION 6: WHEN WOULD THEY BE AVAILABLE TO VOLUNTEER?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reason for referral:**

**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)***



## 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).

<b>SECTION 1: AGE GROUP</b>			
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
<b>SECTION 2: GENDER</b> please delete			
Male		Female	
<b>SECTION 3: EMPLOYMENT STATUS</b>			
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	
<b>SECTION 4: ETHNICITY</b>			
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 Backgrou		



## 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](mailto: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.**