

Professionals Referral Form to VIC



Referral to Veterans In Communities

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I confirm I have read the above statement and have permission to share the details below with VIC YES/NO
(Please circle or highlight in BOLD as appropriate)

To ensure that we offer the most appropriate support, all essential information marked with a red asterisk must be completed. Please complete the remainder of information as applicable. Signatures only required if hand written.
Please complete in BLOCK CAPITALS

Name & Contact Details

*First Name(s):		*Last Name:	
*Date of Birth:		Male / Female:	
*Address: Including postcode			
 *		 *	
Signature:		Date:	

Personal Service Information

Please tick the appropriate box

Armed Forces Veteran		Serving Military Personnel	
Family Member of Veteran or Serving Personnel		Relationship	
Blue Light/Emergency Service Personnel		Retired Blue Light/Emergency Service Personnel	

Reason For Referral

Please complete as appropriate

Assistance Required (please specify)	
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Social Inclusion Activities/Projects		Peer Support	
Interested in Volunteering		Meeting Other Veterans	
Other (please specify)			



Potential Risks or Hazards

As we occasionally do home visits, we need to be made aware of any potential risks or safe guarding issues that have been raised or observed. Please use this space to indicate whether a risk assessment has been done or if you have any reason to believe that one would be advisable, with details where possible. **(Please circle or highlight in BOLD as appropriate)**

*Has a risk Assessment been done?	*Is there anything we need to be aware of which may pose a risk to our staff?
YES/NO	YES/NO/UNKNOWN

Agency Referral Details (To be completed by Referring Agency)

(Signatures only required if hand written.)

*Agency Name:			
*Name of Referrer:			
 *		 *	
Signature:		Date:	

Any Other Relevant Information

For example – if the individual has a hearing impairment are they able to use the telephone?

Please Return To

Email: We request that all referrals are made via email (info@vic.org.uk) where possible and that you specify REFERRAL with the persons initials in the email subject box

Post: For all non-confidential correspondence - 12 Bury Road, Haslingden, BB4 5PL

Phone: 01706 833180

Professionals Referral Form to VIC	Veterans in Communities Company Limited by Guarantee No: 8230197 Registered Charity No: 1151194	Implemented: 31 May 2018 Reviewed: Next Review Due: May 2019
No: VIC - F - 087	Page 2 of 2	