A picture containing text, clipart

Description automatically generated

Once form is completed, please email to:

[terry@here2helpcharity.co.uk](mailto:terry@here2helpcharity.co.uk)

*“Christian Love shown through action”*

**REFERRAL FORM – One priority Job**

Name of Referrer (if self-referring – please enter SR)

Email address (if self-referring – please leave blank)

Telephone number (if self-referring – please leave blank)

Status of Referrer (Please tick)

Social services Health/care provider Churches/faith organisation CAB

Foodbank CAP

Other (please state)

Date of Referral

I have discussed this potential job with the beneficiary or the beneficiary’s power of attorney or guardian to make this referral[[1]](#footnote-1) (Beneficiary or POA must sign this document to indicate agreement)

Name of Potential Beneficiary

Address of Potential Beneficiary

Contact number

Email address

Best method of communication

Reason for referral (please tick)

In receipt of benefit please state which benefit(s)

Disabled please state nature of disability

Other (please state)

Has the beneficiary had previous here2help support? Yes/No (if yes please state date and type)

Description of one Priority job that needs to be done. (please describe as accurately as possible) [[2]](#footnote-2)

Are there any other details we need to know[[3]](#footnote-3) (e.g. communication issues, dogs on premises, recent bereavement etc?)

Can beneficiary afford to contribute towards materials cost? Yes No

Please note that the work will be carried out by competent volunteers and that, whilst we will make our best endeavours to ensure that the work is done to a high standard, it may not be at the standard produced by a paid professional.

Beneficiary to sign below to agree for work to be carried out by Here2help volunteer(s)

Signature Date

For Office use only

Job overseen by Job Number

Referral passed to volunteer supervisor

Date Contact made with beneficiary Date work to be carried out

£

£

Projected Costs Donation from beneficiary

Beneficiary to sign below, to approve the work and agree it has been completed as per this referral.

Signature Date

1. Referrals will only be accepted with either permission from the potential beneficiary or those who have legal responsibility for making decision on their behalf. [↑](#footnote-ref-1)
2. If nature of work is of an electrical, gas or specialist nature, please be aware that we will not be able to assist. [↑](#footnote-ref-2)
3. All information contained on this form complies with GDPR and is only shared on a needs to know basis. [↑](#footnote-ref-3)