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## Volunteering referral form

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### Section 1: Client Details

Client First Name:  Client surname:

Date of birth:  /  /  Client telephone number:

Employment status:  Email:

Gender:

### Section 2: Referrer Details

Referrer name:  Agency:

Role:  Telephone:

Email:

### Section 3: Needs information

Does the client have a disability (physical, sensory, learning disability?):

If yes, please give details:

Is the client suffering/recovering from a mental health issue?:

If yes, please give details:

Does the client have any additional support needs (e.g. offender, behavioural issues, carer, looked after young person, alcohol/drug dependency etc.)

**Section 4: Referral Information**

Reason for referral?: (What are the clients main reasons for wanting to volunteer or for referral to volunteering? e.g. increased confidence, improved employability, new to the area, ESOL etc...)

What involvement has the referral agency had prior to referral?

**Section 5: Client Consent**

Please sign below to confirm that you have consented to this referral and that the information above is accurate to the best of your knowledge.

Client Signature:.....

Referral Agency Signature:.....

Date:.....

**Data Protection**

**These records are confidential to MVSC. You are entitled to inspect any record we keep about you. We may share details about you with other organisations but will only share information if it helps to support your progress. No information will be passed on to a third party without your consent.**

Please return this form by email to [ellie@mvsc.co.uk](mailto:ellie@mvsc.co.uk)

Or by post to:  
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The Vestry Hall  
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