



Date Completed:

Step Up Referral Form

CONFIDENTIAL INFORMATION

(PLEASE ENSURE A CONTACT NUMBER IS PROVIDED BEFORE SUBMITTING REFERRAL)

Participant Name:	Surname:
Address:	Telephone:
Post code:	D.O.B:
Email address:	NHS Number:

REFERRERS DETAILS

Name of referrer:	Job Title:
Name of organisation:	Telephone:
Email address:	PHB Referral? <input type="checkbox"/>
Address:	

Please tick the appropriate box in relation to your client:

Recently completed therapy	<input type="checkbox"/>
In therapy	<input type="checkbox"/>
On waiting list for therapy	<input type="checkbox"/>
Not receiving therapy	<input type="checkbox"/>

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



SECTION 6: WHEN WOULD THEY BE AVAILABLE TO VOLUNTEER?

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
AM							
PM							
EVE							

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		



Reason for referral:

Relevant information regarding diagnosis and risk assessment:

Thank you for completing this application form. Please send completed applications 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.