I would like to become a member of Somerset You can Do and give my consent to be referred.

I am aware that my personal information will be held and used in accordance with the Data Protection Act 1998, and that my information will be used to contact me as part of my membership of Somerset You can Do and will not be used for any other purpose or shared with any other organisation other than Somerset County Council, Somerset Partnership NHS Trust, Somerset NHS and Careers South West who manage the next-step volunteer services and bureau.

applicant or the applicant's agent		
Date:		
The best time to contact		

Thank you for completing this form, please return it to:

Somerset You can Do Services The Former Offices of Notaro Ltd Huntworth, Bridgwater Somerset TA7 0AJ

Please call us on 01278 664180 if you would like more information or help with completing this form.



## Somerset You can Do Referral Form

Please note this form must be completed with the consent of the person being referred to Somerset You can Do services. Volunteer interventions are short to medium term and usually no longer than 6 months.

Details of the Person you are referring:						
Name						
Address						
Post Code						
Telephone No						
Mobile No						
Email Address						
Date of Birth						
Swift/AIS No						
Gender	Male	Female	please tick			

Pick and Mix activities of your choice:	please tick
I would like to be part of a group or friendship circle, being with people with a shared interest etc.	
I would like a volunteer to help me get out and about and become more independent in accessing local community services and activities.	
I would like support to volunteer in all sorts of volunteering organisations	
I would like a volunteer phone, text or email friend	
I would like help to get started on the internet, or online shopping, email and other computer things	

If appropriate Carer/Care Provider Details:				
Name:				
Address:				
Post Code:				
Telephone:				
Email:				
Relationship to person being referred :				
Form completed by:				
Name:				
Position or Relationship to person:				
Date:				
Telephone:				
Email:				
Team:				
Comments to help referral:				

Please provide relevant information that will aid the Volunteer to support the person. Please indicate any risks and safeguards or attach current risk assessment if available.

	Comments		Safeguards
Learning Disabilities	Y/N		
Mental ill health	Y/N		
Physical Disabilities	Y/N		
Sensory Loss	Y/N		
Medical Conditions that the volunteer should be aware of			
Behavioural needs if any			
Medication			
Communication support needs if any			
Mobility needs			
Other possible risks (Including convictions and cautions /possible Triggers):			
Any other comments:			