|  |
| --- |
| **Date of Referral:**  |
| **Client Details**  |  |
| **Title:** |  |
| **Name** |  |
| **Address** |  |
|  |  |
| **Post Code** |  |
| **Phone:** |  |

 (**Please provide a phone number so that we may arrange services with the client)**

**Support Requested: (Please tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Shopping (isolators only)** |  | **Befriending via phone** |  |
| **Prescription collection (isolators only)** |  | **Professional Listener (not counselling)** |  |
| **Face 2 Face Befriender/Walking Buddy** |  | **Benefits advice/form filling** |  |
| **Therapy dog sessions** |  | **Benefits appeal help, inc tribunal representation** |  |
| **Paperwork reading/support** |  | **Other forms, housing register, blue badge, funeral expenses etc** |  |
| **Light DIY/Gardening tasks (volunteer assistance)** |  | **Travel support/volunteer drivers** |  |

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| **Equality & Diversity Monitoring** Please complete this section in as much detail as possible. The information that you provide in this section will help us to monitor and evaluate our grant distribution process and ensure that we treat all applicants equitably. |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Range?**  |  | **17 – 24** |  | **25 – 64** |  | **65+** |  |
| **(Child DLA requests only)** |  | **0 – 4** |  | **5 – 1**  |  | **12 - 16** |  |

 |
|  |
| **Ethnic Group** |  | **Male** |  | **Female** |  | **Other or non binary**  |
|  |  |  |  |  |  |  |  |  |  |
| **White** |  | White British  |   |  |  |  |  |  |
|  | Roma, Traveller or Irish Traveller |   |  |  |  |  |  |
|  | Eastern European |  |  |  |  |  |  |
|  | Other white background |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Black** |  | Black British |   |  |  |  |  |  |
|  | Black Caribbean |   |  |  |  |  |  |
|  | Black African |   |  |  |  |  |  |
|  |
| **Asian** |  | Asian British  |   |  |  |  |  |  |
|  | Indian |   |  |  |  |  |  |
|  | Pakistani |   |  |  |  |  |  |
|  | Bangladeshi |   |  |  |  |  |  |
|  | Chinese |   |  |  |  |  |  |
|  | Any other Asian background |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Mixed ethnic groups** |  | White and Black Caribbean |   |  |  |  |  |  |
|  | White and Black African |   |  |  |  |  |  |
|  | White and Asian |   |  |  |  |  |  |
|  | Any other mixed background |   |  |  |  |  |  |
| **Other ethnic group** |  | Arab |   |  |  |  |  |  |
|  | Any other ethnic group |   |  |  |  |  |  |
|  | Don’t know/Prefer not to say |   |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How many people have a disability or additional needs? |  |  |  |  |  |  |