



Case ID Ref: (Head Office to complete)	
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# Veteran Community Support Referral Form

Please complete all relevant sections of this form:  
Completed forms should be emailed or posted to us, see end of last page:

**About you:** Place an "X" in one box below and complete the Relevant Sections

<b>Veteran</b>	<input type="checkbox"/>	➤ <b>Veteran's Complete sections A and C</b>
<b>Dependant</b> of a veteran	<input type="checkbox"/>	➤ <b>Complete sections A, B and C</b>
<b>Other Organisations</b>	<input type="checkbox"/>	➤ <b>Complete sections A,D and E</b>

**Section A:**

**Veteran's Details: THIS SECTION MUST BE COMPLETED.**

<b>Surname</b>	
<b>First names</b>	
<b>Date of Birth</b>	
<b>N I Number</b>	
<b>Age</b>	
<b>Male / Female</b>	
<b>Rank</b>	
<b>Service Number (Of Veteran)</b>	
<b>Service</b> i.e. Army, Navy, Air Force, Marines, Reserves	
<b>Regiment, Ship or Trade</b> Indicate your regiment, corp, ship or trade.	
<b>Home Address</b>	
<b>Postcode</b>	
<b>Mobile phone number (preferred)</b>	
<b>Landline phone number</b>	
<b>Email address</b>	

- If you are a **veteran**, go to **Section C:**
- If you are a veteran's **relative**, go to **Section B.**
- If you are **Any Other**, go to **Section D**

**Section B:**

**Dependant's Details**

**Complete this section if you are a veteran's Dependant seeking support:**

<b>Surname</b>	
<b>First names</b>	
<b>Male / Female</b>	
<b>Home Address</b>	
<b>Postcode</b>	
<b>Mobile phone number (preferred)</b>	
<b>Landline phone number</b>	
<b>Email address</b>	

➤ [Go to Section C](#)

**Section C:**

**Support Request Details**

**Complete this section if you are a veteran or a veteran's relative seeking support:**

<b>Why would you like a community support volunteer?</b> You do not need to answer this question, but it can help us find the right volunteer for you.	
<b>Select face-to-face or telephone support?</b> Please select the applicable option	Face-to-face <input type="checkbox"/>
	Telephone <input type="checkbox"/>
<b>Are you able to travel to visit a support volunteer?</b> Please select the applicable option	Yes, I can travel to a nearby location <input type="checkbox"/>
	No, I need a support volunteer to come to my home <input type="checkbox"/>
<b>Male or Female volunteer?</b> Please select the applicable option	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
	No preference <input type="checkbox"/>
<b>Do you have any special needs or language requirements?</b>	
<b>Is there other information you want to share with us?</b>	
<b>Best time to contact you?</b>	

**Section D:**

**Referrers Details**

Complete this section if you are a Welfare Officer or other charity support worker:

<b>Surname</b>	
<b>First name</b>	
<b>Job Title</b>	
<b>Organisation</b>	
<b>Contact phone number</b>	
<b>Email address</b>	
<b>Your region / area</b>	
<b>Your internal reference no.</b> <small>Only if required by you.</small>	

➤ [Go to Section E](#)

**Section E:**

**Referral Details**

Complete this section if you are a welfare worker or other charity support worker:

<b>Summarise why the veteran may benefit from a veterans community support volunteer?</b>					
<b>Is there any relevant medical or mental health history?</b>					
<b>Are they able to travel to visit a support volunteer?</b> <small>Please check the applicable option</small>	<table border="1"> <tr> <td>Yes, travel to a <b>local point</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>No, <b>home visit</b> required</td> <td><input type="checkbox"/></td> </tr> </table>	Yes, travel to a <b>local point</b>	<input type="checkbox"/>	No, <b>home visit</b> required	<input type="checkbox"/>
Yes, travel to a <b>local point</b>	<input type="checkbox"/>				
No, <b>home visit</b> required	<input type="checkbox"/>				
<b>Do they have any special needs?</b>					
<b>Any other relevant information</b>					
<b>Risk Assessment: Is the veteran a potential danger to themselves or others?</b>					

**This form should be emailed or posted to:**

**Email:** [support@legionscotland.org.uk](mailto:support@legionscotland.org.uk) **Post:** Legion Scotland, New Haig House, Logie Green Road, Edinburgh, EH7 4HQ

