

# SERVICE USER REQUISITION FORM

Referral date: \_\_\_\_\_ Referral taken by \_\_\_\_\_

## **SERVICE USER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle tasks required: Befriending/DIY decorating/Gardening/Shopping  
Escorting/Wheelchair Assistance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REFERRAL INFORMATION**

Referrer's Name: \_\_\_\_\_

Referrer's Organisation \_\_\_\_\_

\_\_\_\_\_

Referrer's Address (if new) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**MONITORING INFORMATION**

**GENDER:** Male/Female      Date of Birth/Age \_\_\_\_\_

**STATUS:**

- |  |   |  |                                   |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Unemployed              | <input type="checkbox"/> Full time work | <input type="checkbox"/> Part time work    | <input type="checkbox"/> Student  |
| <input type="checkbox"/> Retired                 | <input type="checkbox"/> Elderly        | <input type="checkbox"/> Child             | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Homeless                | <input type="checkbox"/> L/difficulties | <input type="checkbox"/> Mental health     | <input type="checkbox"/> Refugee  |
| <input type="checkbox"/> Asylum seeker           | <input type="checkbox"/> Dom. violence  | <input type="checkbox"/> One parent family |                                   |
| <input type="checkbox"/> Drug/alcohol dependency |   | <input type="checkbox"/> Other             |                                   |

**ETHNIC ORIGIN:**

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Bangladeshi     | <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black other |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> Indian        | <input type="checkbox"/> Pakistani       | <input type="checkbox"/> Turkish     |
| <input type="checkbox"/> Turkish/Cypriot | <input type="checkbox"/> Irish         | <input type="checkbox"/> White European  | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Other           | please describe: _____                 |  |                                      |

How did the Service User hear about the VCC \_\_\_\_\_

**Office Use Only**

**VOLUNTEER INFORMATION**

Name: \_\_\_\_\_

One Off            Regular     

Completion/start date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

