

ACCESS LEWISHAM REFERRAL FORM

We want to make sure that people from all sections of the community within the borough of Lewisham have access to the Driving Scheme. The information asked for in this section will be used to check that we are:

- (1) providing equal opportunities for everyone
- (2) ensuring that we serve those Service Users who are most in need of the scheme.

Journey Costs: Either the referring agency or the service user will be required to pay a contribution towards the journey, this is a minimum of £5.50 for a return journey.

REFERRER: CONTACT INFORMATION

Date of referral:	Referring Organisation:	
Name of Referrer:		Phone Number:
Email:		
Address:		
		Postcode:

SERVICE USER: CONTACT INFORMATION

Name		Date of Birth:
Phone Number:	Name and relationship of contact (if not the Service User)	
Email:		
Address:		
		Postcode:
How does the Service User meet the criteria?		

SERVICE USER: PERSONAL CIRCUMSTANCES

Please tick as applicable

- Lives on own
 Lives with spouse/partner
 No relatives
 Has a Carer
 Lives in Residential home
 Lives with family (other than spouse/partner)

WITH MINIMAL SUPPORT ARE THEY ABLE TO:

- To get into the back of a two-door car Yes No
 To transfer from a wheelchair to car Yes No

MOBILITY ITEMS REQUIRED FOR THE JOURNEY

- Wheelchair (this must fold up) Yes No
 Zimmer frame or similar bulky walking aid? Yes No

ADDITIONAL NEEDS OR CIRCUMSTANCES WE NEED TO BE AWARE OF:

- Likely to be car sick Yes No
 Incontinence Yes No
 Behavioural difficulties Yes No
 Registered disabled Yes No
 Will they be escorted on the journey? Yes No

SERVICE USER: DIVERSITY MONITORING FORM

Voluntary Services Lewisham is committed to the active promotion of equal opportunities in volunteer recruitment. As part of the guidance for implementing of the equal opportunities policy, we operate a monitoring system that provides data for policy progress and review. Your application will not be affected in anyway if you choose not to complete any part of this form and the information will be treated in the strictest confidence.

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (<i>please state</i>)	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes / <input type="checkbox"/> No
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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"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Turkish	<input type="checkbox"/> Turkish Cypriot
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White European	<input type="checkbox"/> White Other	<input type="checkbox"/> Other (<i>please state</i>)	

Age:

<input type="checkbox"/> 16-25	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> 66-75	<input type="checkbox"/> Other
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Employment Status:

<input type="checkbox"/> Carer full-time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Working part-time	<input type="checkbox"/> Working full-time
<input type="checkbox"/> Other (<i>please describe</i>)					

Where did you hear about the Driving Scheme

<input type="checkbox"/> Volunteer Driver (<i>Name</i>)	<input type="checkbox"/> Organisation (<i>Name</i>)
<input type="checkbox"/> Leaflet	<input type="checkbox"/> Notice Board (<i>Where?</i>)
<input type="checkbox"/> VSL Window Display	<input type="checkbox"/> Other (<i>please state</i>)

JOURNEY 1 DETAILS

Date:	Day:
<input type="checkbox"/> One-off /Occasional <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
Address From:	
Postcode:	
Address To	
Postcode:	
Collection Time:	Return Time:
PURPOSE OF JOURNEY <input type="checkbox"/> Hospital for self/to visit friend/relative <input type="checkbox"/> Doctor/Dentist appointment <input type="checkbox"/> Hospice for self/to visit friend/relative <input type="checkbox"/> Social visit to friend/relative <input type="checkbox"/> Social club <input type="checkbox"/> Shopping <input type="checkbox"/> Day Centre <input type="checkbox"/> Other, please specify:	