

# THE MUNI PROJECT

## Referral form

<b>Name of Referrer:</b>	<b>Organisation:</b>
<b>Date of Referral:</b>	<b>Contact Number:</b>
<b>**Please ensure that the Risk section below and overleaf is completed in as much detail as possible **</b>	

<b>Title:</b>	<b>Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Gender:</b>
<b>*Address:</b>				
<b>E-mail address:</b>				
<b>Postcode:</b>	<b>Tel No:</b>		<b>Mobile:</b>	
<b>Preferred method of contact:</b>	<b>Phone</b>	<b>Text</b>	<b>E-mail</b>	<b>Postal letter</b>
<b>Preferred language for communication:</b>	<b>Welsh</b>	<b>English</b>	<b>Other:</b>	
<b>National Insurance Number</b>				

Please Circle

Army	Navy	RAF	Other (please state):
<b>Service number if applicable</b>			
<b>Regiment/ HMS/ Trade etc</b>			
<b>Enlistment date:</b>			
<b>Discharge date:</b>			
Reason for discharge			
<b>Medically discharged</b> <b>(Please state reason)</b>	<b>Time served</b>	<b>Dismissed (Please state reason)</b>	<b>Other (please state)</b>
<b>Details of any operational tours</b>			
<b>Other information: e.g. discharge book seen by mentor</b>			

Equal Opportunities (please tick all that apply)									
British	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Irish	<input type="checkbox"/>	White	<input type="checkbox"/>
Black	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black other	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
Dual Heritage	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>

Reason for referral (please tick categories that apply)					
Housing support	Benefit support	Mental Health inc PTSD	Volunteering	Drug use	Alcohol use
Employment support	Training opportunities	Disabilities	Criminal justice	Other (please state)	

**Risk: Have you had any previous convictions for violent or sexual offences?**

I have been informed of how the Muni Veterans project works and that I am eligible to be a beneficiary. I declare that to the best of my knowledge the above information is correct. I understand and agree that the above information will be held on a database in accordance with the Data Protection Act.

Referrer Signature: ..... Date: .....

Beneficiary Signature: ..... Date: .....

**\*for office use only**

Date of Assessment:	Assessor:
Comments:	Outcome:

Assessor Signature: ..... Date: .....

**To be completed by Referrer / Key Worker / Support Worker**

**As part of Muni Veterans Project Health and Safety Policy we require information to the following questions regarding Risk;**

In your opinion does the person that you are referring pose a risk to themselves or to any other person?  
 YES / NO (Please give full details)