**Open Doors Referral Form**

***This form is to refer someone you know who would benefit from volunteering with additional support.***

**Please confirm your referral organization name if applicable:**

**Date of referral:**

**Referrer’s Details:**

**Full Name:**

**Surname:**

**Telephone number:**

**Email Address:**

**Relationship:**

**Personal Details of person being referred:**

**Full Name:**

**Surname:**

**Address:**

**Postcode:**

**Telephone number:**

**Email Address:**

**Date of Birth:**

**Emergency contact details:**

**Are we able to contact them directly or through the referee only?**

**Please specify any additional needs that the person you are referring has, to help us find them the right role:**

|  |  |
| --- | --- |
| Asperger's Syndrome |  |
| Attention Deficit Hyperactivity Disorder (ADHD) |  |
| Attention Deficit Disorder (ADD) |  |
| Autism Spectrum |  |
| Dyslexia |  |
| Dyspraxia |  |
| Epilepsy |  |
| Hearing impairment |  |
| Manual dexterity difficulties |  |
| Mental Health Difficulties |  |
| Mobility difficulties |  |
| Obsessive Compulsive Disorder (OCD) |  |
| Visual Impairment |  |
| Other |  |
| **Please give any further details that you think are relevant, so that we can ensure that the support is in place for any volunteering roles** |  |

**Please let us know of anything else that might be useful regarding this referral:**

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| --- |
|  |

***Thank you.***

***We will contact you or the person you have referred to our service as soon as possible.***