



Volunteer Centre Dorset Reg Office:- The Coach House, Acland Road, Dorchester. Dorset. DT1 1EF.

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Referral Form for Volunteer with L.D.

Does the person you are referring have a Learning Disability? Are they over 16? Do you they live in Dorset? If so.....

The Project Coordinator can:



- Find a Voluntary Opportunity in their area
- Find a volunteer buddy to support the person in their volunteering unless they have their own carer
- Support each person to make their own choices and decisions
- Provide training e.g.: first aid
- With the support of a volunteer buddy develop outcomes for each individual

****This form is to be filled out by someone who knows the person being referred well.***

Details of Person being referred:

Today's date: Male Female D.O.B:

NAME:

ADDRESS:

.....

POST CODE: Telephone number in which we can contact them directly to make an appointment

Please tell us why the person wants to become a volunteer?

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Please enter your details below (person referring)

Name:

Address:

.....

Tel: / Email:

Has this person been assessed as suitable for volunteering? (Please enclose assessment)

Main Carers Details:

Name:

Address:

Tel/Email:

Is there anyone else we should talk to?

Is there anything else we need to know in order to support the person referred? It is important to give us as much information as you can so that we can get a placement which suits you.

Are there any risk factors we need to be aware of? If there is Risk please include assessment

Is there any medical problems that would effect volunteering?
