

Client Referral Form

Please return to: westmidlands@britishlegion.org.uk



Referring Agency	Date
Referrers Name	
Referrers Contact Details:	

Clients Full Name:	
Address:	
Telephone:	Mobile:
Email:	

Service Details:
Regiment/Rank:
Dates:

Date of Birth:

Area of Need (please tick all that are relevant)

FINANCIAL	<input type="checkbox"/>	MENTAL WELLBEING	<input type="checkbox"/>
PHYSICAL WELLBEING	<input type="checkbox"/>	ACCOMMODATION	<input type="checkbox"/>
INDEPENDENT LIVING	<input type="checkbox"/>	EMPLOYMENT	<input type="checkbox"/>
SOCIAL SUPPORT NETWORKS	<input type="checkbox"/>		

Please give any relevant information:

Has a referral been made to another agency? Yes/No

If yes please indicate which agency/s

Have you obtained the Clients permission to contact The Royal British Legion? Yes/No

Data protection: The information obtained here will only be used in compliance with the **Data protection Act 1998** and will only be used for the purposes of ensuring you receive the right services and will not be used for any other purpose. Information may be shared with other support organisations relevant to your needs, with your permission.