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| **Please note that due to COVID-19 all services are provided remotely.**  Please return by email to [advice@vauxhalllawcentre.org.uk](mailto:advice@vauxhalllawcentre.org.uk)  **All referrals require consent and all relevant sections must be completed.** | | | | |
| Ref. No: (office use only) |  | Date: |  | |
| Has the client consented to VCLIC recording their details? If they do not consent, we cannot contact them. | | | |  |
| Does the client consent to VCLIC contacting them about Law Centre services, activities and ways they can support VCLIC? They have the right at any time to withdraw their consent and their information will not be sold to any third parties. | | | |  |
| **About the person making the referral (3rd Party Only)** | | | | |
| 1. Name: |  | | | |
| 1. Professional title: |  | | | |
| 1. Organisation: |  | | | |
| 1. Email address: |  | | | |
| 1. Telephone number: |  | | | |
| **About the Client, the person being referred** | | | | |
| 1. Title (Mr, Mrs etc.): |  | | | |
| 1. First Name: |  | | | |
| 1. Last Name: |  | | | |
| 1. Email address: |  | | | |
| 1. Main contact number: |  | | | |
| 1. Other phone number: |  | | | |
| 1. OK to leave a voicemail? |  | | | |
| 1. Street Address: |  | | | |
| 1. Town/City: |  | | | |
| 1. County: |  | | | |
| 1. Post Code: |  | | | |
| 1. Date of birth: |  | | | |
| **What help is needed?** | | | | |
| 1. Funeral Payments: |  | | | |
| 1. Benefits Advice: |  | | | |
| 1. Debt Advice: |  | | | |
| 1. Housing Advice: |  | | | |
| 1. Charity/Grants Advice: |  | | | |
| 1. Any Other Information: |  | | | |