A blue and green logo

Description automatically generated with medium confidence

**ARMED FORCES PROJECT**

**Please complete this form with as much detail as you can. Full and accurate information will enable Arc to process your application quickly.**

**If you require support completing the referral please contact 01823 271326**

**Please return to** [**referrals@arcinspire.co.uk**](mailto:referrals@arcinspire.co.uk)

|  |  |
| --- | --- |
| Name: | DOB: |
| Address:  Postcode: | E-mail address:  Gender:  Ethnicity: |
| Contact Tel No: |  |
| Is it safe/appropriate to leave a message | Yes / No |
| **Service** - Army / Navy / RAF / Marines  **Type** – Active / Reserve / Veteran  **About You** - Self / Spouse / Partner / Family Member  (delete as applicable) | Service Number *(if known)*:  Regt (if Army):  Date of enlistment:  Date of discharge: |
| Referrer Details:  (i.e. Self, GP, Social Worker, OT, family etc..) | Name:  Telephone Number:  Email address: |
| Is there a need for housing support and advice? |  |
| Is there support required in any of the following areas:  Physical health …………. Yes/No  Mental Health……………. Yes/No  Offending ………………......Yes/No  Substance use………….....Yes/No  Dept management………Yes/No | If yes, please give details: |
| What support is wanted from the Armed Forces Project? |  |
| Are there any risks or concerns that need to be shared? |  |
| Details of other professionals or organisations providing support: |  |
| Emergency Contact Name & Tel No: |  |
| Are there any physical health or accessibility needs? | If yes, please give details: |

|  |  |
| --- | --- |
| Are there any additional support needs or accessibility needs? |  |

**As part of the support provided to you whilst in Arc's services, we would like to communicate with other agencies who have, are, or have the potential to provide support alongside us. This may include verification of time served in the forces. This may require us to share your personal data such as your name, current address, health information (e.g. any medical conditions you have disclosed) and financial information (e.g. which benefits you are receiving). It may also mean that the agencies share personal data with us, such as the MOD verifying your time in service. We will only share what is necessary, when it is necessary. We would like to gain your consent in order to do this.**

**You have a right to withdraw this consent at any time by informing your support worker. We collect and process all data in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018. More information on how we collect and process data can be found in our Data Protection Policy and Privacy Notice.**

I ................................................................................ consent to the above sharing of information

Name..............................

Signature........................

Date..................................