

Help using this Veterans UK PDF form

About this form

- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- You do not have to complete this form in one session.

Helpful information for using this form

- **You must download and save this form to your computer before using it**
- After completion, email the form to the address on page 1
- If you cannot email the form, print and sign it before posting it to the address on page 1.

The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC.

Feedback

- We would like your feedback about this form. We will only use any comments to improve future versions
- Please email your comments to: DBS-OPPT@mod.gov.uk
- **Please do not send this form or any personal information to this email address. It is for feedback comments only.**

Intentionally left blank



Ministry of Defence

Veterans UK

Self-referral / 3rd party / defence contractor referral form

This form should be completed if you want to make a referral to initiate contact and seek appropriate support and advice from Veterans UK, delivered by either Veterans Welfare Service (VWS) or Defence Transition Services (DTS) depending on the nature of your enquiry. The referral can be from a service person, family member [i](#) or 3rd party organisation [i](#) or someone working for a defence contractor (such as Career Transition Partnership) that does not have access to MODNET.

Where to email the completed form

Please email this completed form to:

DBSVets-DTS-Central@mod.gov.uk

By Post

If you are unable to email this form, post to:

Veterans UK
Room 6303
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP

Important information

The quickest way to send us this form is by email. If you post the form to us it will take longer for us to receive it.

What happens next

We will contact the person who has made the referral (or the person that the referral relates to) for an initial discussion within 5 working days of receiving the form.

Part 1: Your details

Please select the option below that best describes you and then if you are making a referral on behalf of someone else, please complete the rest of this section with your own details and then Part 2 with the details of the person you are making a referral for. If you are making a self-referral, please select the option below that best describes you and then complete Part 2.

Service person making a self referral. (If so, please remember to write your service number in part 2)

Family member of a service person making a referral for a service person or child in my family
If you are making this referral for a child in your family, how old are they?

Non-serving member of a service person's family making a referral for myself

Third party organisation making a referral for a service person/service person's family member who has approached my organisation for help

Name

Address

Postcode

Telephone number

Email address

Part 2: Details of the person you are making a referral for

If you are making a self-referral, please complete this section in full with details about yourself. If you are making a referral on behalf of someone else, please supply as much information as you can about them.

Person's full name

Person's current address
(Please supply the address where they live and not the unit where they work)

Postcode

If the person's address will change within the next month, please give an onward address here

Postcode

If forwarding address is not known please state why. (For example, subsequent accommodation not secured, person unwilling to supply onward address)

Person's home telephone number

Person's mobile phone number

Person's email address (MODNET/work email or personal email address as preferred)

Person's date of birth

Person's service number (if applicable)

Discharge/Expected discharge date (if applicable)


Part 3: What would you like to speak to Veterans Welfare Services or Defence Transition Services about?

Please tick whichever boxes are relevant to the person you are making the referral about, whether that is yourself or a service person. Veterans UK will contact you to find out more.

Health 


Accommodation & Relocation 

Drugs & Alcohol 

Finance & Benefits 

Attitude, Thinking & Behaviour 

Children & Family 

Training, Education & Employment 

Support Agencies 

Part 4A: Consent for email correspondence

Please note: If you are making a self-referral complete **this** section (4A). If you are making a referral on behalf of someone else, complete this section (4A) yourself, and the person to whom this referral relates must also sign part 4B.

Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence, which are detailed below.

I authorise Veterans UK to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this referral form. I accept that the information may include my personal details excluding Bank Account numbers, National Insurance number, medical details and any other information that could compromise my identity.

I understand that correspondence transmitted by email may be open to abuse because it is transmitted over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. I give authority for the MOD to correspond with me via the email address I have provided on this form.

Are you happy for us to correspond via email with you? **(please tick a box)**

Yes

No

Full name

Email address

Electronic signature

I agree my electronic signature shall have the same force and effect as my written signature

Part 4B: Consent for email correspondence (to be completed by the person referral relates to if not self-referral)

Are you happy for us to correspond via email with you? **(please tick a box)**

Yes

No

Full name

Email address

Electronic signature

I agree my electronic signature shall have the same force and effect as my written signature

Part 5A: Data protection

Please note: If you are making a self-referral complete **this** section (5A). If you are making a referral on behalf of someone else, complete this section (5A) yourself, and the person to whom this referral relates must also sign part 5B.

How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal information and ensuring that all your personal data is processed in accordance with UK data protection legislation. The MOD [Privacy notice](#) contains the standards you can expect when we ask for, hold or share your personal information and your rights under the UK data protection legislation.

Further information can be found [here](#) on the way the Veterans UK processes your data in line with the charter

Your name

Electronic signature

Date

I agree my electronic signature shall have the same force and effect as my written signature.

Part 5B: Data protection (to be completed by the person referral relates to if not self-referral)

Person's name

Electronic signature

Date

I agree my electronic signature shall have the same force and effect as my written signature.

Part 6: Consent to refer

If making a self-referral, please complete this section yourself. If you are making a referral on behalf of someone else, please make every effort to get them to complete this section. If you are unable to secure their electronic/signature below, please continue to make the referral.

Please note If you are making a referral on behalf of a service person where you feel the service person is a risk to themselves or others, consent to refer is not required; please make every effort to secure consent but where it is not given by the service person, a referral should still be made.

The information provided in this referral form will be used to determine how Veterans UK can best support you as you/your family member/your client prepares to leave the Armed Forces. By signing this referral form, you consent to the referral being made and the information provided within this form being shared within Veterans UK, Veterans Welfare Service, Defence Transition Services and their partners (if necessary) to facilitate your access to the information and support you need. You may need to supply any relevant further information, including medical information (if applicable) to assist with the referral. You may be asked for this information by Veterans Welfare Service, Defence Transition Services and their partners.

If you are making a self-referral complete **this** section. If you are making a referral on behalf of someone else, complete this section yourself, and the service person to whom this referral relates must also sign the following section.

Your name

Electronic signature

Date

I agree my electronic signature shall have the same force and effect as my written signature.

Person's name

Electronic signature

Date

I agree my electronic signature shall have the same force and effect as my written signature.

If you have tried to secure the service person's consent to make this referral but they have refused, (therefore their name, signature and date has not been inserted above), please tick and sign below.

Referrer's signature

Date

Part 7: Where did you hear about us?

Where did you hear about VWS/DTS services and this referral form?

By reading the JSP100

By searching gov.uk for help for veterans and Service leavers

From an internal briefing given within my organisation by a colleague

From a briefing given within my organisation by a DTS member of staff

The Veterans UK Helpline

Other (please specify below)