

Help using this Veterans UK PDF form

About this form

- You must use Adobe Acrobat Reader to save data typed into this PDF form
- 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 using the submit button on page 6.

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**

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Ministry of Defence

Veterans UK

Referral from a Tri-Service Military Authority

This form can be completed by anyone within the Chain of Command or those working in-Service to provide welfare and/or transition support, or by anyone working on behalf of Defence to provide welfare and/or transition support to service personnel

Complete this form if you want to initiate contact or if you want to refer someone from within your unit to 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.

If you are unsure as to whether you should make a referral, please speak to your Chain of Command within the unit or email DBSVets-DTS-Central@mod.gov.uk

What you need to do

Ensure you read the full policy and [Defence Transition Referral Protocol](#) (DTRP) information before completing this form.

Complete all fields and email to the address below.

Where to email the completed form

Please email this completed form to:

DBSVets-DTS-Central@mod.gov.uk

We can only accept this form from a MODNET email address.

What happens next

We will make contact with the person who makes the referral and/or the person that the referral relates to, for an initial discussion within 5 working days.

Part 1: Details of the service person

Rank / Title

Service

Full name

National insurance number

Service number

Home telephone number

Mobile number

Civilian email

Current address (**Do not disclose Unit name**)

Important – You must tell us if your address or contact numbers change

Postcode

If the service person's address will change following discharge, please give an onward address here

Postcode

If address is not known please state why. For example, post-discharge accommodation not yet secured; service person unwilling to supply onward address

Part 2: Discharge Details of the service person

Length of service

Discharge / Expected discharge date

Reason for discharge:

Medical discharge (non-complex health case)

Medical discharge (complex health case)



Compulsory discharge (including administrative and disciplinary)

End of contract

Premature Voluntary Release

Redundancy

Part 3: Brief summary of HARDFACTS assessment relevant to this referral. What are the specific issues faced by the service person?

Please note: Further information will be sought by VWS/DTS following submission of this referral.

<p>Health</p> <p>(any Health issues including specific injuries sustained in service)</p> <p>IMPORTANT: Only list injuries not causes</p>	
<p>Accommodation & Relocation</p> <p>(in need of crisis accommodation, attempting to relocate to unfamiliar area of UK)</p>	
<p>Drugs, Alcohol & Stress</p> <p>(drug use including pain / prescribed medication, alcohol abuse and severe stress)</p>	

<p>Finance & Benefits</p> <p>(in receipt of Armed Forces Compensation Scheme & War Pension Scheme, DWP benefits, requires debt advice)</p>	
<p>Attitude, Thinking & Behaviour</p> <p>(negative mood towards discharge and assistance, any negative behaviour or attitude, unrealistic expectations)</p>	
<p>Children & Family</p> <p>(children and/or family situation that may require support, significant carer responsibilities, family disability or separation, children's schooling)</p>	
<p>Training, Education and Employment</p> <p>(requires assistance and support in order to gain employment, lack of educational qualifications, refusal to engage with CTP)</p>	
<p>Supporting Agencies</p> <p>(immediate engagement with local agencies required, specialist 3rd sector support required, already engaged with either of the above)</p>	

Part 4: Summary of what you feel Veterans UK can do for the service person in addition to what is already being provided by the unit. What is the specific support the service person is looking for?

Please note: Further information will be sought by VWS/DTS following submission of this referral

Part 5: Details of referring authority

Rank/Title

Full name

Service

Telephone number (civilian)

MODNET email

Referring Authority's Electronic Signature

Date

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

Part 6: 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

Part 7: Data Protection (to be read and signed by the service person)

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

Service person's name

Electronic signature

Date

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

Part 8: Consent to refer (to be read and signed by the service person)

Please note: If the service person being referred is currently on a unit's VRM (Army) SCART protocol (Royal Navy) or Unit Welfare Register (RAF) consent to refer is not required; the referring authority should seek to secure consent but where not given, a referral should still be made without completion of this section by the service person.

The information provided in this referral form will be used to determine how Veterans UK can best support you as you prepare to leave the Armed Forces. By signing this referral form, you consent to the referral from your unit to Veterans UK being made and the information provided within this form being shared within Veterans UK, Veterans Welfare Service, Defence Transition Services and their external 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.

Service person's name

Electronic signature

Date

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

If the service person whom this referral relates is currently on a VRM/SCART/Unit Welfare Register and has refused consent to refer, (therefore their name, signature and date has not been inserted above) please tick here and sign below.

Referring authority's signature

Date

To email your referral form to Veterans UK, click the submit button

Remember, you must send this form to us from your MODNET email address. The email address to send the form to is: DBSVets-DTS-Central@mod.gov.uk

We cannot accept this form by post.