Help using this Veterans UK PDF form

About this form

- You must download and save this form to your computer before using it
- 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
- This means that you do not have to complete this form in one session

Helpful information for using this form

- Save the form to your computer
- 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 1.

The form will not save in

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

We have been made aware of issues when using Apple products such as Iphones and Ipads to complete this form.

You may be unable to save or re-open it due to updates to Apple products since this form was created.

Work is being undertaken to transform our forms and systems but until this is complete we ask that you find an alternative device, if possible, or print the form and complete it by hand.

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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?

Name

Address

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

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, subsequest 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.

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 by email with you? (please tick a box)

No

Yes

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 data and the <u>MOD Privacy notice</u> explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The <u>MOD Personal information charter</u> contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

Your name

Electronic signature

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.

Date

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

Part 6: Consent to refer

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

Person's name

Electronic signature

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

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)

Date

Date

Date

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