



 **Handyman Project**

|  |  |
| --- | --- |
| Date received |  |
| Referring Agency |  |
| Volunteer name |  |
| Risk assessment  |  |
|  |  |

Jason Shaves - Facilities & Workshop Manager
Rainbow Services Harlow
2 Wych Elm
Harlow
Essex
CM20 1QP
Phone: Jason 07849 087793

Office use only

 Email: jason@rainbowservices.org.uk

The information you provide will be stored securely on a password protected database and in a secure file. We will only share this information with referrers, volunteers and funders.

|  |  |
| --- | --- |
| Name of Applicant: | Contact number: |
| Address:  |  |  |
|  |   |
|  |  |
|  |  |
|  |  |  |
| Referring organisation - name and address: |  |  |

|  |  |
| --- | --- |
| Contact name: |  |
| Contact number: |  |

Reason for referral:

Any special requirements, e.g access to property, parking permits, additional needs of applicant

Have you got permission from the applicant for this referral ? Y/N

Signature of referrer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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