

WELFARE SUPPORT REFERRAL

The RAF Benevolent Fund supports current and former members of the Royal Air Force and their families through practical, emotional, and financial help. Each case for financial help is considered individually and depends on a person's financial circumstances. See [here for eligibility](#). We also run several non-means tested support services, including our Listening and Counselling Service, services to address loneliness and social isolation and our advice and advocacy service. For more information please visit: www.rafbf.org/how-we-help. **Email completed referral form to welfarenavigators@rafbf.org.uk**

CONSENT

By signing below, you, the referrer, are indicating that the client consents to their data being shared with the RAF Benevolent Fund and that you have explained to the client that the RAF Benevolent Fund will process their data for the purposes of acting on this referral.

Signature of referrer	Print name	Date

If your client is present, please ask them to read the statement below.

By signing below, I, the client, agree that my personal data on this form is correct and will be used by the RAF Benevolent Fund to contact me to assess my requirement for support. I understand that I can read the RAF Benevolent Fund's privacy notice at www.rafbf.org/privacy or by calling the RAF Benevolent Fund helpline on 0300 102 1919 and requesting a paper copy.

Signature of client	Print name	Date

I also consent to the RAF Benevolent Fund informing the referrer whether contact has been established with me: Yes ☐ No ☐

REFERRING AGENCY

Referring agency name:			
Referrer name:		Date of referral:	
Referrer contact number:			
Referrer Email:			

CLIENT DETAILS

Client name:			
Client Date of Birth:		RAF Service connection (veteran/spouse/widow etc.)	
Beneficiary contact details: (Please include address, telephone number and email)			
Point of contact if different from above: (Please include address, telephone number)			

We will attempt to contact your client on three occasions. If we are unable to contact them by the third occasion, we will make no further contact. We may not be able to provide ongoing updates on the progress of your referral.

REFERRING AGENCY SUPPORT INFORMATION

Please provide a brief description of the beneficiary's circumstances and what assistance they require from the RAF Benevolent Fund:	
Please provide a summary of the support your agency is/has been providing to the client:	

CLIENT RISK FACTORS

We will likely visit your client to complete an application for support. Therefore, we need to be made aware of any additional risk factors. Please tick the box if any of the following risks are present:

- | | |
|--|--|
| <input type="checkbox"/> History of violence or aggression | <input type="checkbox"/> Alcohol or substance misuse |
| <input type="checkbox"/> Suicidal ideations | <input type="checkbox"/> Aggressive pets |
| <input type="checkbox"/> Severe mental health issues | <input type="checkbox"/> Advanced dementia |

If you ticked a box above, please provide further details here:	
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