

**Children in Need Volunteering Project
Referral Form - College**

**Referee Name: ………………………… Referee Contact: …………………………**

 **Student Details**

Name: …………………………………………………………………………………………

Address: ………………………………………………………………………………………

Contact Number: …………………………………………………………………………….

DOB: …………………………………….. Age: ……………………………………………

Ethnic Origin: …………………………… Religion: ………………………………………

Disabilities/Illness/Mental Health: ……………………………………………………...…..

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Living Arrangements: ………………………………………………………………………..

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**Appropriate Adult Details**

Name: …………………………………………………………………………………………

Relationship to Student: …………………………………………………………………….

Address: ………………………………………………………………………………………

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Contact Number: …………………………………………………………………………….

**Volunteer Preferences**

Availability: ……………………………………………………………………………………

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Areas: …………………………………………………………………………………………

Male/Female: …………………………………………………………………………………

**Any Other Relevant Information:**

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**Student Consent**

Signature: Date: