SURREY DISPENSARY

(Charity Registration: 208091)

REFERRAL FORM

1. **GUIDANCE**

Surrey Dispensary is an historic, endowed charity that was founded in 1777. The Charity’s income may only be applied:

*“for the purpose of relieving in cases of need, persons … who are sick, convalescent, disabled, handicapped* [sic] *or infirm by providing or paying for items, services or facilities which are calculated to alleviate the suffering or assist the recovery of such persons in such cases but are not readily available to them from other sources.”*

The Charity’s area of benefit is the former Metropolitan Boroughs of Southwark and Bermondsey. This covers the whole of the SE16 and SE17 postcodes, the whole of SE1 within the London Borough of Southwark, and very small parts of SE5, SE8 and SE11. A map of the area of benefit can be found [here](https://www.stgeorgethemartyrcharity.com/surrey-dispensary).

The Charity does not accept direct applications for assistance from individuals. It only accepts referrals from public and voluntary sector agencies that are able to undertake an adequate assessment of a person’s needs and circumstances. Individuals wishing to seek assistance from the Fund are advised to contact (for example) their social worker, GP practice or a local charity that provides ‘hands on’ support for people with health conditions.

The Charity does not give out cash grants to individuals. It will either arrange for the purchase of items, services or facilities itself, or reimburse the referral agency if it is able to do so.

Agencies wishing to make a referral to the Fund must complete the form below and send it by e-mail to: [surreydispensary@stgeorge1584.org.uk](mailto:surreydispensary@stgeorge1584.org.uk) **and** [visitor@stgeorge1584.org.uk](mailto:visitor@stgeorge1584.org.uk) . We aim to acknowledge referrals (and seek any further information that may be required) within 5 working days, although this may sometimes take longer if, for example, the Fund Administrator is on leave. Decisions on completed referrals may take up to four weeks, depending on the size of the amount requested and the nature of the ‘items, services or facilities’ that assistance is being requested for.

1. **DETAILS OF THE AGENCY MAKING THE REFERRAL**

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| Agency/Organisation name |  |
| Postal address |  |
| Website |  |
| Contact name |  |
| Telephone number(s) |  |
| e-mail address |  |

1. **DETAILS OF THE PERSON FOR WHOM ASSISTANCE IS REQUESTED**

NOTE: at the referral stage, information should not be provided that would enable the Charity to identify the individual seeking assistance. Full details (name and full address) will only be required if/when the referral has been considered by the Trustees and a decision has been made to provide assistance.

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| Initials |  |
| Postcode |  |
| Date of Birth |  |

1. **PLEASE DESCRIBE THE PERSON’S CURRENT HEALTH CONDITIONS, INDICATING WHETHER THESE HAVE BEEN CONFIMED THROUGH A DIAGNOSIS BY A CLINICIAN, OR ARE SELF-REPORTED**

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1. **PLEASE DESRIBE THE ITEMS, SERVICES OR FACILITIES THE PERSON IS REQUESTING ASSISTANCE FOR, INCLUDING THE ESTIMATED COST.**

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1. **PLEASE DESCRIBE HOW THE ABOVE ITEMS, SERVICES OR FACILITIES WILL “ALLEVIATE THE PERSON’S SUFFERING OR ASSIST THEIR RECOVERY”.**

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1. **PLEASE SAY WHETHER ASSISTANCE HAS BEEN SOUGHT FROM ANY OTHER CHARITY OR PUBLIC FUND, AND IF SO THE CURRENT STATUS OF SUCH APPLICATION/REFERAL. IF IT HAS BEEN DECLINED, PLEASE SAY WHY**

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1. **PLEASE PROVIDE INFORMATION ON THE PERSON’S FINANCIAL CIRCUMSTANCES (E.G. INCOME, SAVINGS, CURRENT BENEFITS, DEBTS, ETC)**

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1. **IF THE REQUESTED ASISTANCE IS FOR HOUSEHOLD ITEMS SUCH FURNITURE OR KITCHEN APPLIANCES, PLEASE PROVIDE INFORMATION ON THE PERSON’S HOUSING CIRCUMSTANCES (E.G. TYPE OF TENURE, IF IN PRIVATE RENTED ACCOMMODATION WHETHER IT HAS BEEN LET ON A FURNISHED OR UNFURNISHED BASIS)**

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1. **PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU THINK THE TRUSTEES SHOULD TAKE INTO CONSIDERATION WHEN MAKING THEIR DECISION ON YOUR REFERRAL**

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“I confirm that the above information is correct to the best of my knowledge and that the person I am referring for assistance has given me permission to act on the behalf in this matter”.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_