**Charity Triage referral form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General information** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of charity / community group** | |  | | | | | | | | **Date of referral** | | | | | | |  | | | | | | | |
| **Name of introducer / proposer** | |  | | | | | | | | **Relationship to group** | | | | | | |  | | | | | | | |
| **Name of contact in group and position / job title** | |  | | | | | | | | **Contact details (tel / email)** | | | | | | |  | | | | | | | |
| **Registered Charity?** | Y/N | **Number of staff** | | | | | | | | FT | | | | PT | | | | Volunteers | | | | | Trustees | |
|  | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| **Reason for referral** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Area of concern (tick all that apply)** | | Financial 🞎 | | | | | Governance 🞎 | | | | | | Trustees/Board 🞎 | | | | | | | Other 🞎 | | | | |
| **Details of concern:** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **How critical / urgent** | | 1 | | | | 2 | | | | | 3 | | | | | 4 | | | | | 5 | | | |
| Requires support and expertise to define issue | | | | Unforeseen problem developing | | | | | Recurring issue, increasing in severity | | | | | Issue could potentially severely damage group | | | | | At risk of imminent closure | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suggested assistance** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Support available** | | Strategy planning 🞎 | | | Fundraising 🞎 | | | Governance 🞎 | | | | | Recruitment 🞎 | | | | | | Training 🞎 | | | Other 🞎 | | |
| **Suggested partners** | | Charity Mentors 🞎 | | | Corporate volunteer 🞎 | | | Lieutenancy office 🞎 | | | | | OCF 🞎 | | | | | | OCVA 🞎 | | | Other 🞎 | | |
| **Details of proposed assistance** | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Charity aware of issue** | Y / N | | | **The board agree with assessment** | | | | | | | | Y / N | | | **Board would welcome assistance** | | | | | | | | | Y / N |
| **Chairperson** | | |  | | | | | | **Signature** | | | | | | | | | |  | | | | | |