**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** |  |