



## REFERRAL FORM

Name of Group/Person:	
Contact Address:	
Tel. No:	
Email:	
Best time to contact:	
Date of Contact:	

### What support would you like to receive from Walsall Voluntary Action's Development Team:

- |                        |                          |  |                          |
|------------------------|--------------------------|--|--------------------------|
| Access to funding      | <input type="checkbox"/> | Help with constitution / other documents                                     | <input type="checkbox"/> |
| Help with bid writing  | <input type="checkbox"/> | Setting up a new group   | <input type="checkbox"/> |
| Training Opportunities | <input type="checkbox"/> | Increased knowledge of Management Committee's and roles and responsibilities | <input type="checkbox"/> |

Other (please specify).....

### Additional information:

Please return to: Lesley Shorthouse, Community Development Officer, Walsall Voluntary Action, Jerome Chambers, 16 Bridge Street, Walsall WS1 1HP Tel: 01922 619840  
[lesleys@walsallva.org.uk](mailto:lesleys@walsallva.org.uk)