

# Referral form

Referring firm	
Contact	
Telephone	
Email	
Date	

## Client's details

First name	
Surname	
Address	
Telephone	
Mobile	
Email	
Area of law	

**\* Personal injury and clinical negligence cases only:** If you wish to receive a payment for this recommendation, please insert only the client's **surname** and **area of law**. We will update you when your client has contacted us. For further guidance on this please contact us.

Additional details of the matter (please continue on a separate sheet if necessary)	
Funding	Public Funding <input type="checkbox"/> Private paying <input type="checkbox"/> LEI <input type="checkbox"/>
Opt out of fee share?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the person a client of your firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you disclosed the fee share arrangement?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If the person is not a client of your firm) N/A <input type="checkbox"/>
If we cannot assist the client, please authorise referral to another firm	Yes <input type="checkbox"/> No <input type="checkbox"/>

### For more information, please contact:

Jo Campbell  
[vwvapproach@vwv.co.uk](mailto:vwvapproach@vwv.co.uk)  
 0845 224 8445