Voices in Exile

Fitzherbert Centre, 36 Upper Bedford Street, Brighton BN2 1JP

01273 328598 advice@voicesinexile.org

|  |  |  |
| --- | --- | --- |
| **ADVICE & CASEWORK REFERRAL FORM**  *Please send completed referral form to*[*advice@voicesinexile.org*](mailto:advice@voicesinexile.org)*. For any queries, please**call 01273 328598.* | | |
| **Referrer’s information** | | |
| **Date of referral:** | **Do you have client’s permission to make this referral?** | **Yes No** |
| **Name:** | **Organisation:** | |
| **Contact no:** | **Email:** | |
| **Relationship to client:** | | |
| **How did you find out about our service?** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s personal details** | | | |
| **Family name:** | **First name:** | | **Also known as:** |
| **Date of birth:** | **Gender: M / F / T** | | |
| **Address including postcode:** | | **Can we write to client at this address?**  **Yes No** | |
| **Mobile and/or landline:** | | **Mobile ok for messages?**  **Yes No** | |
| **Email:** | | | |
| **Preferred method of contact (please specify):** | | | |
| **Does client have any access or mobility issues (if so, please specify)?:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of origin & languages** | | | |
| **Country of origin:** |  | **UK arrival date:** |  |
| **First language:** |  | **Second language:** |  |
| **Interpreter required?** | | **Yes No** | |
| **Can client read in English (e.g. an appointment letter)?** | | **Yes No** | |
| **If the client has a preferred gender for the interpreter, please specify:** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependent/s** | | | | |
| **First name** | **Surname** | **Relationship** | **Age/DOB** | **Nationality** |
|  |  |  |  |  |

|  |
| --- |
| **Immigration status: please describe, if known** |
|  |

|  |
| --- |
| **Source/s of income, if any (if benefits, please specify):** |
|  |

|  |
| --- |
| **Accommodation: please describe, if known** |
|  |

|  |
| --- |
| **Support needs** |
| Please tick as many of the types of services and support that apply:  Immigration advice  Housing and homelessness advice  Welfare benefits advice  Destitution/NRPF  Referral to specialist support service/s, e.g. domestic violence, trafficking, mental health, sexuality  Referral to other psycho-social support service/s, e.g. group work or other services countering isolation  Other, please specify: |
| **Reasons for referral – Please give as much information as you can, including any additional support needs/areas of vulnerability that you are aware of.** |
|  |
| **Please list any risks and/or urgent factors to be considered** (e.g. ongoing abuse, mental health symptoms and/or diagnosis, imminent deadline, UKVI enforcement action or hearing date, imminent homelessness etc.) |
|  |
| **Is client currently accessing any other services, or support from any other agency (including your own)? Please also give details of any other referrals you have made for the client.** |
|  |
| *Thank you. We will do our best to respond to your referral as soon as we can. Please note that we do not undertake work for those who can afford a fee-paying solicitor. We prioritise those who are particularly vulnerable and/or destitute.* |