Voices in Exile

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

01273 328598 advice@voicesinexile.org

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| **ADVICE & CASEWORK REFERRAL FORM***Please send completed referral form to**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?** |

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| **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)?:**  |

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| **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:**  |

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| **Dependent/s** |
| **First name** | **Surname** | **Relationship** | **Age/DOB** | **Nationality** |
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| **Immigration status: please describe, if known** |
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| **Source/s of income, if any (if benefits, please specify):** |
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| **Accommodation: please describe, if known** |
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| **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.** |
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| **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.) |
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| **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.** |
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| *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.*  |