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| **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?** | | |

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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 (e.g. partner/children)** | | | | |
| **First name** | **Surname** | **Relationship** | **Age/DOB** | **Nationality** |
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| **Immigration status: please attach any documents (BRP/visa/letters) to show status and any previous Home Office correspondence.** |
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| **Source/s of income, if any (if benefits, please specify and provide evidence of this)** |
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| **Type of accommodation: (if at risk of homelessness, please include eviction notice)** |
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| **Support needs** |
| Please tick as many of the types of services and support that apply:  Immigration advice (we do not generally represent clients in legal aid matters, including asylum claims)  Housing and homelessness advice  Welfare benefits advice  Destitution/NRPF  Skills and employability  Referral to specialist support service/s, e.g. domestic violence, trafficking, mental health, sexuality  Referral to other support service/s, e.g. group work or other services countering isolation  Other, please specify: |
| **What specific support is required - please give as much information as you can.** |
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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, 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.* |