**Who is the referral for?** *Tick one box*

1. Newly granted refugee *(with BRP document)* [ ]  2. Family Reunion [ ]  3. Syrian VPR Scheme [ ]

4. Refugee new to Plymouth or living in Plymouth needing more support [ ]  5. Other BAME [ ]

**Adult 1**

|  |  |  |  |
| --- | --- | --- | --- |
| First Names |  | Family Name |  |
| Current Address (including Post Code) |  |
| Email Address |  | Contact Number |  |
| Date of Birth |  | Age |  | Gender |  | N.I. No: |  |
| Marital Status |  | Do you live with your partner in the UK? | Yes[ ]  No[ ]  |
| Nationality |  | Ethnicity |  | Religion |  |
| First Language(s) Spoken |  | Interpreter needed?  | Yes[ ]  No[ ]  |
| Type of ***Status*** granted |  | Date granted: |  | Status valid until |  |
| Date arrived in UK |  | H.O. Ref No |  | Syrian VPR No |  |

**Adult 2 -** *living in the* ***UK*** *with Adult 1*

|  |  |  |  |
| --- | --- | --- | --- |
| First Names |  | Family Name |  |
| Email Address |  | Contact Number |  |
| Date of Birth |  | Age |  | Gender |  | N.I. No: |  |
| Marital Status |  | Relationship to Adult 1 |  |
| Nationality |  | Ethnicity |  | Religion |  |
| First Language(s) Spoken |  | Interpreter needed?  | Yes[ ]  No[ ]  |
| Type of ***Status*** granted |  | Date granted: |  | Status valid until |  |
| Date arrived in UK |  | H.O. Ref No |  | Syrian VPR No |  |

**Other Dependents (living in the UK with adults named above):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | D.O.B | Age | Gender | Relationship | SVPR No |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

|  |
| --- |
| **Reason for referral**:  |
|  |
| How long have you been living in Plymouth? |  |
| Where did you stay last night: NASS Accommodation [ ]  Sofa surfing/Friends/NFA [ ]  With Family [ ]  |
| Temporary Accommodation [ ]  B&B/Hotel Private [ ]  Rented [ ]  LHA/RSL Housing [ ]  |
| Do you have an eviction date? | Yes [ ]  No [ ]  | Date of eviction? |  |
| Are you currently in receipt of: |  NASS support [ ]  Some Benefits - JSA/ESA/IS/UC etc. [ ]   Wages/salary [ ]  Nothing at present [ ]  Other:  |
|  Are you: |  In work full-time [ ]  part-time [ ] , looking for work [ ] , in FT Education [ ] , not looking to work [ ]  |
|  Do you have a bank account? | Yes [ ]  No [ ]  | Do you have any debt issues? | Yes [ ]  No [ ]  |
| **Health:** Please detail any health issues or concerns: |
|  |
| Are you registered with a GP? | Yes [ ]  No [ ]  | Are you registered with a dentist? | Yes [ ]  No [ ]  |
| Do you see other medical professionals? Please give details: |
|  |
| **Any other information**: Legal issues, family reunion, community links? |
|  |

I consent to this information being presented to the RIS team.

**Client(s) signature(s): Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer |  | Organisation |  |

Please scan and email the completed form to: referralris@gmail.com

Or, send to/hand in at: **START**, Unit 4, HQ Building, 237 Union Street, Plymouth, PL1 3HQ

This referral form will be presented at the next RIS allocations meeting; each Thursday **3.30pm**.

A decision will be made at this meeting regarding this referral.

The prospective client will be notified of our decision within two working days of this meeting.