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| **1. Your Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Names: | | |  | | | | | | | | | | Family Name: | | | | |  | | | | | | | | |
| Contact Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | Contact Number: | | | | | |  | | | | | | | |
| Date of Birth: | | |  | | | | Age: | | | |  | | | | Gender: | | |  | | | | | | | | |
| Marital Status: | | |  | | | | | | | | Does your family live with you in the UK? | | | | | | | | | | | | | | Y | N |
| National Insurance Number: | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Country of Origin: | | | |  | | | | | | Self-defined Ethnicity: | | | | | |  | | | | Religion: | | |  | | | |
| Languages: Spoken / Written: | | | | | | | | |  | | | | | | | | | | | Interpreter Needed: | | | | | Y | N |
| **2. Your Immigration Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of ***Status*** granted: | | | | | |  | | | | | | | | | | | Date ***Status*** was granted: | | | | | | |  | | |
| Date arrived in UK: | |  | | | | Home Office Ref. No: | | | | |  | | | | | | Name of  Case-Owner: | | | | |  | | | | |
| **Syrian VPR Scheme:** | | | | | Home office VPR number: | | | | | |  | | | | | | Family Size: | | | | |  | | | | |
| **Family Reunion:** | | | | | Proposed date of flights, when family arrives in UK: | | | | | |  | | | | | | Family Size: | | | | |  | | | | |
| **3. Where you did you stay last night?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NASS Accommodation  | | | | | | | | NFA/Sofa Surfing/Friend  | | | | | | With Family  | | | | | | | Bed & Breakfast  | | | | | |
| RSL/LA social housing  | | | | | | | | Private Rented  | | | Other: | | | | | | | | | | | | | | | |
| How long have you been living in Plymouth? | | | | | | | | | | | | years months days | | | | | | | | | | | | | | |
| **4. Further Information:** please answer the following questions as fully as possible: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for referral**: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are there any known risks associated with this referral? | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing**: Where are you living now?  Is this accommodation temporary? Y / N Are there rent arrears? Y / N Has an eviction order been issued? Y / N Date of eviction? | | | | | | | | |
|  | Members of your family who live with you in the UK: | | | | | | |  |
|  | Name: | Relationship to you: | Gender: | Date of Birth: | Age: |  |
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| **Money**, **Income and Benefits:** What support is needed?  Are you currently in receipt of: (a) NASS Support  (b) Benefits: JSA, ESA etc.   Do you have a bank account? Y / N Do you have any debt issues? Y / N  I am: (a) looking for work  (b) have a Job - Full-Time  Part-Time  Or, (c) in FT Education  | | | | | | | | |
| **Health**: please detail any health issues or concerns?  Are you registered with a GP? Y / N If so, Name of Doctor/Surgery: Do you see any other medical professionals? Please give any details: | | | | | | | | |
| **Any other information**: Legal issues, family reunion, community links? | | | | | | | | |

*By signing this form, I consent to this information being presented to the RIS team.*

**Client signature: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Referrer:** | |  | | |
| **Organisation:** |  | | **Contact No:** |  |

*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.*

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