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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 ofCase-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 / NI 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