**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.