Please send by email to MLR@freedomfromtorture.org

| **Name** |  | **MFID** |  |
| --- | --- | --- | --- |
| **DoB** |  | **Under 18?** | Y / N | **Stage** | Choose an item. |
| **Gender** |  | **Nationality** |  |
| **Client address** |  | **Currently detained?** | Y / N |
| **Phone** |  | **Email** |  |
| **Language** *(please specify a specific regional dialect if required)* |  | **Interpreter** | Choose an item. |
| **Doctor gender preference\****(\*Female clients will see female doctors)* | M / F | **Interpreter gender preference** | M / F |
| **Is the client a therapy client at Freedom from Torture?** | Y / N |
| **Name of Therapist** |  | **FfT Centre** | Choose an item. |
| **GP details** *(please include email address)* |  |
| **Legal Representative Details** |
| **Name** |  | **Firm** |  |
| **Email** |  | **Phone** |  |
| **Address** |  | **Solicitor’s ref number** |  |
|  |
| **Remit** *(not necessary to complete this section for existing therapy clients)*Unfortunately, we have very limited capacity and are unable to see people who do not come within our remit. It is not within our remit to consider violence perpetrated by groups in pursuit of purely criminal gain. Please confirm your client comes within our remit (the answer must be yes to all three questions):  |
| Has your client suffered severe physical or mental pain or suffering? | Y / N |
| Was the purpose of the ill treatment to obtain a confession; punish him or her for an act s/he or a third person has committed or is suspected of having committed; intimidate or coerce him/ her; or for any reason based on discrimination of any kind? | Y / N |
| Was the actor of the persecution acting in an official capacity or with the consent or acquiescence of a public official or a member of a defined group with a common political, ideological or religious purpose or ethnic identity and exercising effective power?  | Y / N |
| Comments: |
|  |
| **Documents Required** |
| We are unable to consider a referral without detailed instructions and the core documents. If you provide a witness statement, it must be signed and dated. ***Please note that we ask legal representatives to request GP records (including hospital correspondence) prior to the first appointment.*** **Please scan, label, and date each document separately**.  | **Document****Dated** | **Attached** |
| Detailed Instructions (required) | Enter date | Y / N |
| Screening Interview | Enter date | Y / N |
| SEF Interview | Enter date | Y / N |
| Witness Statement (must be signed and dated) | Enter date | Y / N |
| UKVI Decision Letter (RFRL) | Enter date | Y / N |
| Appeal Determination | Enter date | Y / N |
| Rule 35 Report | Enter date | Y / N |
| UKVI Response to Rule 35 Report | Enter date | Y / N |
| GP records (including hospital correspondence) | Enter date | Y / N |
| Any Other Medical Evidence | Enter date | Y / N |
| Copy of Any Fresh Claim for Asylum | Enter date | Y / N |
| Any Other Representations Submitted | Enter date | Y / N |
| Photographs Submitted (Digital/clear colour images) | Enter date | Y / N |
| (Right click to add more rows) |  |  |
|  |
| **Type of Report Requested:** | Choose an item. |
| **Any special instructions?** |  |
| **Please state any court or other deadlines for the report** |  |
| **Has the client ever been detained in the UK?** *(Give details)* | Y / N |
|  |
| **Funding** | Select item |
| Comments: |
|  |
| **Description of Torture** |
| Suspended | Y / N | Electric shock | Y / N |
| Suffocated | Y / N | Toenails/fingernails removed | Y / N |
| Submerged | Y / N | Falaka (beating on soles of feet) | Y / N |
| Kept naked | Y / N | Beaten / kicked | Y / N |
| Sexual assault | Y / N | Lost consciousness | Y / N |
| Burnt | Y / N | Solitary confinement | Y / N |
| Cut | Y / N | Other (please specify below) | Y / N |
| *(Please indicate where this is referred to in the relevant documents; screening interview, SEF or witness statement)* |
| Comments: |
| Has your client indicated that there are scars or marks to document and how they were caused? Please provide details. |  |
| Does your client suffer from any psychological symptoms such as nightmares and disturbed sleep? Please provide as much information as possible.  |  |
|  |
| **Medical Treatment** *(Please give details)* |
| Any physical / psychiatric treatment prior to arrival in the UK? |  |
| Any physical / psychiatric treatment in the UK? |  |
|  |
| **Further information** |
| **Which centre would you prefer your client to be seen in?**We may not have capacity to offer an appointment in your client’s preferred centre.  If they are able to travel to another centre it may be possible to offer an earlier appointment.  Please consider whether they would be able to travel, taking into consideration their psychological and physical wellbeing. |
| *(Please indicate your order of preference)* | London |  |
| Birmingham |  | Manchester |  |
| Glasgow |  | Newcastle |  |
| If your client is in receipt of Asylum Support, funding for travel costs can be applied for via CoC@migranthelpuk.org. |
| **Remote appointments** |
| We usually see clients face-to-face at least once but sometimes additional appointments are done remotely (via phone or video). Please indicate whether a remote appointment would be possible (i.e. does your client have access to a suitable device / WiFi and somewhere private). | Phone | Y / N |
| Video*(e.g. Zoom)* | Y / N |
| If a remote appointment is not possible, please give the reason: |  |
| **Risk** |
| From the information available to you, are you aware of any history of violent behaviour? If yes, please give details below.  | Y / N |
| Any other issues that we should be aware of in order to manage the appointment safely (e.g. current suicidal intent or psychosis) – please give details below. |
|  |
|  |
| **Additional Comments** *(if required)* |
|  |
| **Completed by** |  | **Date** | Enter date |