



## REFERRAL FORM

*Please note this form is not to be used for referrals for Medico-Legal Reports*

Date of referral: \_\_\_\_\_

### INFORMATION ABOUT THE CLIENT

Family name: \_\_\_\_\_ Title: \_\_\_\_\_

First names: \_\_\_\_\_ Sex: Male  Female

Date of birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Ethnicity (as defined by the client): \_\_\_\_\_

Need for interpreter:  YES Language(s) \_\_\_\_\_  
 NO

|  |  |
|--|--|
| <p><b>Current address:</b></p> <p>No &amp; House _____</p> <p>Street _____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> | <p><b>Or, where should appointment be sent?</b><br/>(e.g. solicitor, by phone, etc.)</p> <p>Name _____</p> <p>Address: _____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> |
|--|--|

### INFORMATION ABOUT THE REFERRER

Name of Referrer: \_\_\_\_\_ Title: \_\_\_\_\_

Role: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred means of communication: \_\_\_\_\_

**CLIENT'S STATUS**

Date of arrival in the UK: \_\_\_\_\_

Status (please tick boxes and provide as much detail as possible):

Seeking Asylum. What stage? \_\_\_\_\_

Granted Asylum. When? \_\_\_\_\_ How long for? \_\_\_\_\_

UK Citizen

Other \_\_\_\_\_

Please provide details if specific circumstances and difficulties in relation to the Client's status:

\_\_\_\_\_  
\_\_\_\_\_

|  |
|--|
| <p><b>Legal Representative</b></p> <p>Name _____</p> <p>Firm: _____</p> <p>Address: _____</p> <p>_____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Has Client given consent for FFT to contact the Legal Representative? YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
|--|

|  |
|--|
| <p><b>GP</b></p> <p>Name _____</p> <p>Practice: _____</p> <p>Address: _____</p> <p>_____</p> <p>Town: _____</p> <p>Post Code: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Has Client given consent for FFT to contact GP? YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
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**CLIENT'S BACKGROUND AND HISTORY**

**Please provide details of client's life prior to arriving in the UK, including history of torture and persecution:** (please provide as much details as you can about the nature of the torture, when it occurred, over how long a period. This information will help us process this referral quickly and appropriately)

**CLIENT'S CURRENT DIFFICULTIES** (please give as much detail as possible, this information may help us decide how we can best help the client)

- Psychological
- Physical
- Adjustment to life in the UK
- Social and welfare (e.g. finance/benefits, housing)

**CLIENT'S FAMILY:** (Please provide family details, specifying whereabouts of family members and nature of relationships with the client)

**CLIENT'S SOCIAL NETWORKS:** (Please provide details of client's social networks and activities (eg community, religious, educational, vocational) and the level of the client's engagement)

**OTHER AGENCIES INVOLVED IN CLIENT'S CARE:** (Please provide details of statutory or non-statutory organisations that the client is involved with e.g. Community Mental Health Team, Refugee Community Organisation):

|                                       |
|---------------------------------------|
| <b>Organisation:</b> _____            |
| Name of Designated worker:<br>_____   |
| Address: _____<br>_____               |
| Town: _____                           |
| Post Code: _____                      |
| Telephone: _____                      |
| Mobile: _____                         |
| Email: _____                          |
| Nature of involvement: _____<br>_____ |

|                                       |
|---------------------------------------|
| <b>Organisation:</b> _____            |
| Name of Designated worker:<br>_____   |
| Address: _____<br>_____               |
| Town: _____                           |
| Post Code: _____                      |
| Telephone: _____                      |
| Mobile: _____                         |
| Email: _____                          |
| Nature of involvement: _____<br>_____ |

**Other Referrals:** Has the client been referred elsewhere, if so, where?

What are the expectations from this referral? The referral is for work with:

- Adult
- Family
- Couple
- Child

- In what ways would you expect Freedom from Torture to help the client?
  
- What are the Client's expectations?
  
- What is the level of Client's involvement in the referral?
  
- Please give details of others involved in the referral process (eg Interpreter, family members, friends, etc)

**Any other information:** Is there anything else you think we should know about the client?

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: The Centre Co-ordinator, Freedom from Torture, Unit 005 , 1<sup>st</sup> Floor, Caroline Point, 62 Caroline Street, Birmingham, B3 1UF.

**Internal Use only**

Date referral received.....

Processed by.....

Reference number.....

Date of Referral allocation meeting.....

Decision of meeting.....

Reason for decision ( if not offered appointment).....

.....  
.....

Caseworker.....