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| **Today’s date:** | **Are you a member of this family?** Yes  No |
| IF NO, WHO SHOULD WE CONTACT?  (Please give name and contact details) | |
| SHOULD WE CONTACT CLIENT DIRECTLY?  Yes  No | |
| Have the family members consented to be referred?  Yes  No | |

Please list below all family members who wish to receive therapy

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| **Client’s Details: [Unique Beneficiary ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [In-Form ID:\_\_\_\_\_\_\_\_\_\_\_\_\_] (Internal use)** | | | | |
| First name: | | | Surname: | |
| DOB: | Age: | Gender:  Female  Male  Non-binary | Nationality / Ethnicity: | |
| Parent  Child | | | Client’s telephone number:  Family home number: | |
| Client’s email address: | | | | |
| School/Occupation: (if appropriate) | | | | |
| Family home address: | | | | |
| Languages spoken in family: | | | | |
| Interpreter required: Yes/No | | | | Interpreter: Male Female |
| **Client’s Details: [Unique Beneficiary ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [In-Form ID:\_\_\_\_\_\_\_\_\_\_\_\_\_] (Internal use)** | | | | |
| First name: | | | Surname: | |
| DOB: | Age: | Gender:  Female  Male  Non-binary | Nationality / Ethnicity: | |
| Parent  Child | | | Client’s telephone number: | |
| Client’s email address: | | | | |
| School/Occupation: (if appropriate) | | | | |
| **Client’s Details: [Unique Beneficiary ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [In-Form ID:\_\_\_\_\_\_\_\_\_\_\_\_\_] (Internal use)** | | | | |
| First name: | | | Surname: | |
| DOB: | Age: | Gender:  Female  Male  Non-binary | Nationality / Ethnicity: | |
| Parent  Child | | | Client’s telephone number: | |
| Client’s email address: | | | | |
| School/Occupation: (if appropriate) | | | | |
| **Client’s Details: [Unique Beneficiary ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [In-Form ID:\_\_\_\_\_\_\_\_\_\_\_\_\_] (Internal use)** | | | | |
| First name: | | | Surname: | |
| DOB: | Age: | Gender:  Female  Male  Non-binary | Nationality / Ethnicity: | |
| Parent  Child | | | Client’s telephone number: | |
| Client’s email address: | | | | |
| School/Work: (if appropriate) | | | | |
| **Client’s Details: [Unique Beneficiary ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [In-Form ID:\_\_\_\_\_\_\_\_\_\_\_\_\_] (Internal use)** | | | | |
| First name: | | | Surname: | |
| DOB: | Age: | Gender:  Female  Male  Non-binary | Nationality / Ethnicity: | |
| Parent  Child | | | Client’s telephone number: | |
| Client’s email address: | | | | |
| School/Occupation: (if appropriate) | | | | |
| **Client’s Details: [Unique Beneficiary ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [In-Form ID:\_\_\_\_\_\_\_\_\_\_\_\_\_] (Internal use)** | | | | |
| First name: | | | Surname: | |
| DOB: | Age: | Gender:  Female  Male  Non-binary | Nationality / Ethnicity: | |
| Parent  Child | | | Client’s telephone number: | |
| Client’s email address: | | | | |
| School/Occupation: (if appropriate) | | | | |

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| **Immigration and Support Status** | | |
| Refugee Status  Humanitarian Protection  VPRS/ VCRS  Gateway  ILR  DLR (12m +)  Family Reunion  0ther | Evidence:  BRP  HO Letter  Solicitor Letter  Family Reunion Visa | Date of arrival in the UK (if family members arrive at different dates, please provide all) :  Date granted leave (please provide all family members): |
| Family GP Address: | | GP telephone: |

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| **Referrer’s Details** | |
| Name of Referrer and Organisation: | Referrer’s telephone: |
| Referrer’s address: | |
| Referrer’s email address: | |

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| **Family Information & Presenting Problems** |
| Presenting Issues of the family (that lead to this referral): |
| Mental health concerns or diagnosis iif applicable: |
| Other relevant Health issues (please give details if any of the clients are on any medication): |
| Practical and/or social concerns: |
| Other relevant Information: |
| Other agencies involved (e.g. Freedom from Torture, Community Mental Health Team, Social Services, Domestic Violence agencies etc. if known): |

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| By submitting this form, I consent to **The Refugee Council/ WW4RI Project** storing and using the above personal information, in order to provide a service for me/the client (please delete as appropriate).  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Please check you have completed all fields, and return the form to [admin.WW4RI@RefugeeCouncil.org.uk](mailto:admin.WW4RI@RefugeeCouncil.org.uk)  If you have any questions about the WW4RI Project in Bedfordshire, Cambridgeshire, Essex, Hertfordshire or Peterborough email admin.WW4RI@RefugeeCouncil.org.uk |