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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 If you have any questions about the WW4RI Project in Bedfordshire, Cambridgeshire, Essex, Hertfordshire or Peterborough email admin.WW4RI@RefugeeCouncil.org.uk |