**Referral Form (for professionals)**

**Referral Guidelines**

DASH offers support to the following groups:

* Asylum seekers, refused or failed asylum seekers, some other vulnerable migrants without leave to remain in the UK or with precarious immigration status.
* People who live in Kirklees.

We are not able to accept referrals for:

* Refugees, British citizens or European Union citizens.
* People who live outside of Kirklees.

NB. Refugees may be eligible for support from KCALC, INAT Kirklees, TSL Migration Team

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| **About the person making the referral** | |
| Name |  |
| Job Title/Organisation |  |
| Telephone |  |
| Email |  |
| Referral Date |  |

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| **About the person being referred** | | | | | | | | | | | |
| Name |  | | | | Nationality | | |  | | | |
| Sex |  | | | | Date of Birth | | |  | | | |
| Languages spoken |  | | | | | | | | | | |
| Level of English | *None* | ☐ | *Basic* | ☐ | *Intermediate* | | ☐ | | *Advanced* | ☐ | |
| Telephone number(s) |  | | | | | | | | | | |
| Email *(if they have one)* |  | | | | | | | | | | |
| Address *(if they have one)* |  | | | | | | | | | | |
| Dependant family members | *Name* | | | | | *Relationship to person being referred* | | | | | *Age* |
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| Immigration status |  | | | | | | | | | | |
| Is the person being referred accommodated? |  | | | | | | | | | | |
| Accommodation provided by (e.g. Home Office, friend, etc.) |  | | | | | | | | | | |

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| **Other Organisations** | | | |
| Are there any other organisations involved in supporting the individual being referred and/or their family? (e.g. social worker, lawyer, other support worker, etc.) If yes, please give details. | | | |
| *Name* | *Job Title* | *Organisation* | *Contact Tel/Email* |
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| **Risk Assessment** | | |
|  | *Tick* | *Please give details* |
| Violence/aggression | ☐ |  |
| Mental health issues | ☐ |  |
| Physical health issues (inc. COVID vulnerability) | ☐ |  |
| Learning difficulties | ☐ |  |
| Substance misuse | ☐ |  |
| Domestic violence | ☐ |  |
| Criminality | ☐ |  |
| Child sexual exploitation | ☐ |  |
| (Potential) Victim of human trafficking | ☐ |  |
| Social care involvement | ☐ |  |
| Safeguarding concerns | ☐ |  |

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| **Initial Needs - Destitution & Homelessness** | | | |
| Food | ☐ | Homeless | ☐ |
| Clothing | ☐ | Homeless tonight | ☐ |
| Toiletries | ☐ |  |  |
| **Asylum Support** *(provided by the Home Office)* | | | |
| Support Payments *(e.g. not received, wrong amount or card lost/stolen)* | ☐ | Support stopping (Home Office letter) | ☐ |
| Support recently stopped | ☐ |
|  |  | Applying for support | ☐ |
|  |  | Adding a dependant (new baby) | ☐ |
| **Asylum Support Accommodation** | | | |
| Accommodation complaint (maintenance problems) | ☐ | Accommodation unsuitable *(accessibility)*  Service user wants to relocate | ☐ |
| **Health & Wellbeing** | | | |
| GP Registration | ☐ | Midwife referral required | ☐ |
| Dentist Registration | ☐ | Disability support required | ☐ |
| HC2 Certificate application | ☐ | Mental Health assessment required | ☐ |
| **Legal Casework & Support** | | | |
| Need referring for legal advice | ☐ |  |  |
| **Asylum Guides Referral** | | | |
| Legal literacy project for asylum seekers | ☐ |  |  |

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| Notes/other (not included above) |  |  |  |  |  |  |
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| *Before sending us this form please ensure that you have the service user’s consent for this referral. You will need to explain:*  Who we are  DASH is a Huddersfield-based charity set up to support asylum seekers and recently granted refugees.  What we do with your data  The information you have provided on this form will be stored and processed by us in order to in order to:   * determine what service you are eligible to receive from us and * decide what our advice to you will be and how best to act on your behalf, as instructed by you.   How long we keep your data  If we are not able to offer a service, we will destroy the data provided on this form immediately.  If we are able to offer you a service, we will retain the data in our electronic and other records.  Any client can withdraw consent for us to hold and process their data, at any time, by informing us verbally or in writing. To request your data to be destroyed, write to us at our email address (below). In any event, we will destroy all data we hold 7 years after the last contact with a client.  When and how we share your data  Upon registration at DASH, we will ask all new clients to sign a Client Personal Data Consent form.  We will not request other organisations to provide personal data without this consent nor without explaining why such data *may* enable us to work in the client's interest.  DECLARATION  I have read and understood the above.   |  |  | | --- | --- | | Signed: |  | | Name: |  | | Date: |  | |
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**Please return this form by email to info@huddsdash.org**