



SUPPORTING AND  
EMPOWERING  
REFUGEES

## WW4RI Referral Form



*"This project is part funded by the EU Asylum, Migration and Integration Fund. Making management of migration flows more efficient across the European Union."*

Today's date:	Are you a member of this family? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF NO, WHO SHOULD WE CONTACT? (Please give name and contact details)	
SHOULD WE CONTACT CLIENT DIRECTLY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have the family members consented to be referred? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list below all family members who wish to receive therapy

<b>Client's Details: [Unique Beneficiary ID: _____] [In-Form ID: _____] (Internal use)</b>			
First name:		Surname:	
DOB:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Nationality / Ethnicity:
Parent <input type="checkbox"/> Child <input type="checkbox"/>		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	
<b>Client's Details: [Unique Beneficiary ID: _____] [In-Form ID: _____] (Internal use)</b>			



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First name:			Surname:		
DOB:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Nationality / Ethnicity:		
Parent <input type="checkbox"/> Child <input type="checkbox"/>			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: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Nationality / Ethnicity:		
Parent <input type="checkbox"/> Child <input type="checkbox"/>			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: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Nationality / Ethnicity:		
Parent <input type="checkbox"/> Child <input type="checkbox"/>			Client's telephone number:		



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Client's email address:			
School/Work: (if appropriate)			
<b>Client's Details: [Unique Beneficiary ID: _____] [In-Form ID: _____] (Internal use)</b>			
First name:		Surname:	
DOB:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Nationality / Ethnicity:
Parent <input type="checkbox"/> Child <input type="checkbox"/>		Client's telephone number:	
Client's email address:			
School/Occupation: (if appropriate)			
<b>Client's Details: [Unique Beneficiary ID: _____] [In-Form ID: _____] (Internal use)</b>			
First name:		Surname:	
DOB:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Nationality / Ethnicity:
Parent <input type="checkbox"/> Child <input type="checkbox"/>		Client's telephone number:	
Client's email address:			
School/Occupation: (if appropriate)			



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Immigration and Support Status		
<input type="checkbox"/> Refugee Status <input type="checkbox"/> Humanitarian Protection <input type="checkbox"/> VPRS/ VCRS <input type="checkbox"/> Gateway <input type="checkbox"/> ILR <input type="checkbox"/> DLR (12m +) <input type="checkbox"/> Family Reunion <input type="checkbox"/> Other	Evidence: <input type="checkbox"/> BRP <input type="checkbox"/> HO Letter <input type="checkbox"/> Solicitor Letter <input type="checkbox"/> 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:

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 if 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):

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](mailto:admin.WW4RI@RefugeeCouncil.org.uk)