

Refugee Resource Partner Referral Form

All information given will be treated as private and confidential and stored securely



Please return this form to: Refugee Resource, The Old Music Hall, 106-108 Cowley Road, Oxford OX4 1JE
Or by e-mail to: info@refugeeresource.org

The client gives consent for you to share this data with Refugee Resource: Yes No Unknown

Referral date: DD MM YYYY

Client details

Family name: First name:

Middle names: Known as:

Gender: Male Female Other Prefer not to say Date of birth:

Telephone number:

Client address:

E-mail address:

Country of origin:

Spoken languages:

Will the client require an interpreter?: Yes No Unknown

Immigration status

- Asylum Seeker
 - Exceptional Leave to Remain
 - Limited Leave to Remain
 - Humanitarian Protection
 - Indefinite Leave to Remain
 - British Citizen
 - Exhausted claim for asylum
 - Other (add details below)
- Date of arrival in the UK: DD MM YYYY
- Date immigration status granted: if applicable

Registration: Refugee Resource use only

Person code or ID:

Initials of entry clerk:

Data entry date: DD MM YYYY

Electronic version of this form has been uploaded to Erasmus

Health problems, medical conditions, disabilities or learning difficulties

Please check all that apply

- Autism spectrum condition or Asperger's syndrome
- Dyslexia or Dyscalculia
- Disability affecting mobility
- Mental health difficulty
- Hearing impairment
- Moderate learning difficulty
- Profound complex disabilities
- Severe learning difficulty
- Temporary disability after illness (for example after accident)
- Other physical disability
- Visual impairment
- Speech, language and communication needs
- Other specific learning disability (e.g. Dyspraxia)
- Other medical condition (e.g. epilepsy, asthma, diabetes)
- Other learning difficulty or disability
- Prefer not to say
- Additional notes

Services of interest to the client

Please check all that apply

- Psychotherapy/counselling Professional, experienced practitioners offering holistic 1:1 counselling. Individuals need to be aged 12 or over, families and couples also seen. Interpreters available.
- Mentoring For secondary school age and above. With a volunteer mentor who will meet the person for an average of 2 hours per week.
- Women's group Open to women of all ages. Meets three times a week, provides training, activities and an opportunity for networking and support.
- Young men's football A football and well-being club. A way to get fit and make new friends
- Women's knitting group Small, therapeutic and safe women only knitting group.
- Victims First Project Trauma counselling for asylum seekers, refugees and vulnerable migrants who are survivors, witnesses and family members affected by serious crime in the UK and abroad.
- Additional notes

General circumstances

To your knowledge:

Is there problematic drug abuse?

Is there problematic alcohol abuse?

Are there known risk factors (including harm to themselves or others)

Is the client on the safeguarding risk register?

Are there housing concerns?

Does the client have a criminal record?

Does the client require an age assessment?

Is the client a victim of modern slavery?

Optionally, please include additional circumstances/concerns not covered above:

Others playing a support role for the client (optional)

GP name:

Telephone number:

Surgery:

E-mail address:

Full name:

Relationship to client:

E-mail address:

Telephone number:

Full name:

Relationship to client:

E-mail address:

Telephone number:

Risk assessment



If the client is under 18, please ensure you have liaised with their social worker/adult carer to check the referral is appropriate and there is no age assessment pending. As a client centred organisation, our client's well-being is our priority and we do not want to expose clients to the further trauma of another severed attachment should they possibly not remain in Oxford.

A member of staff or volunteer will be meeting with this client on a one to one basis. Are there any risks associated with this person that we should be aware of, that could impact on the safety of our volunteers or staff? Please check all that apply below.

- I am not aware of any risks associated with this person when meeting on a 1:1 basis.
- I agree to update Refugee Resource should this situation change.

Reasons for referral

For example:

- Symptoms (e.g. anxiety, depression, insomnia, etc.)
- Current medication, if known
- What the client wants from Refugee Resource
- Relevant social circumstances
- Other services involved
- A brief history

Continue on a separate piece of paper if required

Referrer details

Full name:	<input type="text"/>	Agency name:	<input type="text"/>
E-mail address:	<input type="text"/>	Agency address:	<input type="text"/>
Telephone number:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

DD MM YYYY

Refugee Resource Partner Referral Form

To be filled in by client on first assessment at Refugee Resource



1. Confidentiality Policy

As a client of Refugee Resource, everything you tell us will be treated confidentially. This means we will not share things you have told us with anyone outside Refugee Resource.

Only if there is a danger of something very bad happening to you or someone close to you it may be necessary to let your GP or others with your safeguarding responsibilities know. We will inform you that we are doing this.

2. Data Protection Act

There is a law that protects you when you give information about yourself to Refugee Resource or any other organisation. This law is called the General Data Protection Regulation (GDPR).

This means we need your permission in writing to register you as a client of Refugee Resource and offer you our services. If you sign this form, you are giving your permission.

3. Permission to keep information about you

- When you become a Refugee Resource client, we ask you to tell us personal details as shown on the referral form (e.g. name, surname, DOB, address and other background information to know your situation better).
- We also keep notes about the ways in which we have supported you so we can remember. We keep these details safe in Refugee Resource, and only staff who are working with you will be able to see them. We keep notes on the computer (password protected) and on paper (locked in a filing cabinet).
- Brief notes about what you say in counselling sessions are only kept on paper and are kept safe in a locked filing cabinet. Only your counsellor will read them. What is said in counselling is not shared with any other staff.

- Yes – I give my consent to Refugee Resource keeping the above mentioned information about me and sharing as needed within the service.**

If at any time you wish to look at the information we keep about you, please note that you have the right to ask for a copy.

If at any time you want us to shred or delete the information we have about you please let us know and we will do that.

- No – I understand that by choosing “No” the support that Refugee Resource will be able to give me may be limited.**

Full name:

Signature:

Date:

DD MM YYYY