

# Refugee Resource Client 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

## Your details

Family name:	<input type="text"/>	First name:	<input type="text"/>
Middle names:	<input type="text"/>	Known as:	<input type="text"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Prefer not to say	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone number:	<input type="text"/>	Your address:	<input type="text"/>
E-mail address:	<input type="text"/>		
Country of origin:	<input type="text"/>		
Spoken languages:	<input type="text"/>		

Do you require an interpreter?:  
 Yes  No  Unknown

## Support contact details

GP name:	<input type="text"/>	Surgery:	<input type="text"/>
If someone is helping you that you think we should know about, please provide their details:			
Helper name:	<input type="text"/>	Relationship to you:	<input type="text"/>
E-mail address:	<input type="text"/>	Telephone Number:	<input type="text"/>

## 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:	<input type="text"/>	Initials of entry clerk:	<input type="text"/>
Data entry date:	<input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY	<input type="checkbox"/> Electronic version of this form has been uploaded to Erasmus	

## Do you have any 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

## Refugee Resource services that you may be interested in

Please check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Mentoring                 | For secondary school age and above. With a volunteer mentor who will meet the person for an average of 2 hours per week.   |
| <input type="checkbox"/> Women's group             | Open to women of all ages. Meets three times a week, provides training, activities and an opportunity for networking and support.  |
| <input type="checkbox"/> Young men's football      | A football and well-being club. A way to get fit and make new friends  |
| <input type="checkbox"/> Women's knitting group    | Small, therapeutic and safe women only knitting group.   |
| <input type="checkbox"/> 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.    |

## What do you want from Refugee Resource?

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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