

## AGENCY REFERRAL FORM

(please fill out as much information as possible)

<b>Name of Agency</b>		
Date of referral		
Name / contact details of referrer		
Name of person to be referred		
Address of the client		
Phone number		Email address
Date of birth		Gender
Nationality		
<b>Reason for referral</b>		
Which services at RAMA do you expect this person to benefit from?		
Does this person have children?		Yes / No
<i>If Yes, please give details:</i>		
Language support required?		Yes / No
<i>If Yes, please give details:</i>		
Does this person know they are being referred to RAMA		Yes / No
What is the preferred or safest method of communication for this client? Provide any necessary details, including <u>safe times and days</u> to contact.		
How long have you known this client?		

How long has the person been in the UK? (Exact date if possible)

What is their current leave in the UK? (Provide any evidence, such as grant letters or e-visa, if possible.)

Risk factors to be aware of (e.g., mental health difficulties/mental wellbeing)

Surgery and contact info for GP:

If possible, please attach documents to show the current immigration status, such as their most recent grant letter, BRP card, eVisa, Share code, or ARC card.

DASH Score:

**Statement**

I have spoken to the person named above, and they have agreed that I may release this information to RAMA. The person named above has agreed to be contacted directly by RAMA.

Signed by:

Referrer's name:

Referrer's contact number and email address:

*Please return this form to [immigration@rama.org.uk](mailto:immigration@rama.org.uk) or call 01206 638454.*