

GENERAL REFERRAL FORM

(please fill out as much information as possible)

Name of Agency		
Date of referral		
Name / contact details of referrer		
Name of person being referred		
Address of person being referred		
Phone number		Date of Birth
Email		Gender
Nationality		
Reason for referral		
Which services at RAMA do you expect this person to benefit from?		
Does this person have children?	No / Yes (<i>please provide details</i>)	
Is language support required?	No / Yes (<i>please specify which language</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 appropriate details including, if necessary, <u>safe times and days</u> to contact.		
How long have you known this client?		
How long has the person been in the UK? (<i>exact date if possible</i>)		

What is their current leave in the UK? *(if possible, provide evidence eg grant letters or e-visa)*

Risk factors to be aware of *(eg 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 rama@rama.org.uk or call 01206 638454.