

REFERRAL TO IMMIGRATION TEAM
(please fill out as much information as possible)

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|---|---|---------------|
| 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>) | | |

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| What is their current leave in the UK? <i>(if possible, provide evidence eg grant letters or e-visa)</i> |
| Risk factors to be aware of <i>(eg mental health difficulties / mental wellbeing):</i> |
| 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: |
| <i>Please return this form to immigration@rama.org.uk or call 01206 638454.</i> |