




PRIVATE AND CONFIDENTIAL
REFERRAL FORM

Case ID (to be completed by Settled)	
Referrer name	
Date of first contact	
Date of referral	
Reason for referral	
Urgent	Yes
	No
Client details	
Name(s)	
Contact details	Phone: Email: Address:
Gender	
Date of Birth	
Place of birth (town and country)	
Language(s) (including English, if applicable)	
Interpretation required? If yes, please state which language	
Please select the client's primary vulnerability from the following:	Elderly/ disabled/ serious health condition/ homeless or rough sleeper/ Roma/ domestic abuse/ trafficking or modern slavery/ care leave or looked-after child/ other Any further details:



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Please select any additional vulnerabilities the client may have from the following:	Elderly/ disabled/ serious health condition/ homeless or rough sleeper/ Roma/ domestic abuse/ trafficking or modern slavery/ care leave or looked-after child/ other Any further details:
Please select any additional barriers that the client may face from the following:	Physical or mental impairment / lack of access or inability to use internet/ language or literacy level inadequate/required documentary evidence of residency incomplete/ financial destitution/ other Any further details:
Immigration details	
Nationality	
Does the client have a valid passport/national ID)? Please state whether the above document is biometric 	
Date of arrival in the UK (year and month)	
Is the client a family member of an EEA national? If yes, please select from the following:	Spouse or civil partner/ unmarried partner/ child/ grandchild/ parent/ grandparent/ other relative
Does the client have EUSS- eligible family members/dependents? If yes, please select from the following and state how many:	Spouse or civil partner/ unmarried partner/ child/ grandchild/ parent/ grandparent/ other relative
Does the client have any pending appeals or Judicial Reviews?	
Criminality/Deportation details	
Does the client have any criminal convictions in the UK/abroad? If yes, please give details, e.g. rough dates, charge and sentence	



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Does the client have a deportation/exclusion order from the UK?	
Employment details	
Does the client have a National Insurance Number?	
Please provide a brief summary of the client's employment history in the UK including dates, if possible	
Other Contacts and Organisations	
Please provide any details of other agencies or organisations to whom the client is known, including contact details, if possible, e.g. day centres, religious groups, night shelters.	
Summary of the case	
Other relevant information	
Does the client have any medical issues?	



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Please list any supporting documents attached

Consent to share information
PLEASE ENSURE THAT CLIENTS FILL IN THIS SECTION BEFORE RETURNING THIS FORM. WE CANNOT PROCEED WITHOUT THE CLIENT’S CONSENT TO SHARE THEIR INFORMATION WITH OUR LEGAL ADVISERS!

I (the applicant) give permission for my data and information and the data and information of my dependents recorded on this form to be recorded by Settled in relation to the provision of free immigration advice regarding the EU Settlement Scheme. I declare that the information I have provided is true and correct to the best of my knowledge.

Signature:
Print name:
Date:

Find out more about our privacy policy at: settled.org.uk/privacy-policy/
If you have any questions, comments, or complaints about the way in which your data is being used, shared, or otherwise processed, please contact info@settled.org.uk.

If you are making this referral on behalf of someone else, please ensure that they want support and they sign this form.

Referrer’s Name:
Organisation:
Signature:
Contact details:

Please confirm whether you will be able to provide continuous support to the client (language help or any other special needs the client may have): Yes/ No

Please email the completed referral form to: advice@settled.org.uk