


LEGAL TEAM REFERRAL FORM

All sections must be fully completed in order for referral to be considered. Please state N/A where relevant.

| | | | |
|--|------|---|-----------------------------|
| <p>Once completed please send to: Lubana@ashiana.org.uk If you require any information, please call: 0208 539 0427 for assistance.</p> | |  <p>Ashiana NETWORK</p> <p>Stopping violence in our lives and in our communities</p> | |
| Date: | | Organisation: | |
| Referrer's Name: | | | |
| Address: | | | |
| Email: | | Phone number: | |
| CLIENT DETAILS All sections must be fully completed in order for referral to be considered. Please state N/A where relevant. | | | |
| Immigration matter: <input type="checkbox"/> | | Family matter: <input type="checkbox"/> | |
| Title: Mrs/Miss/Ms Other: _____ | | Gender: | |
| Name: | | | |
| DOB: | | Age: | |
| Current Address: | | | |
| Borough Residing in: | | Borough Fleeing: | |
| Additional borough/s of risk? | | Any locations of risk outside of London? | |
| Telephone Number/s: | | Safe to call? YES / NO | |
| | | Safe to text? YES / NO | |
| | | Safe to leave voicemail? YES / NO | |
| | | Safe to email? YES/NO | |
| | | Safe to write to the above address? YES/NO | |
| Email: | | | |
| Languages spoken: | | Interpreter needed? YES / NO | |
| Religion: | | Religion: | |
| Does the client have recourse to public funds: YES/NO | | Sexuality: | |
| Marital Status: | | Ethnic Origin: | |
| Disabilities (include learning, physical, psychological): | | | |
| Drug/Alcohol Dependency: | | | |
| Does the client have any children? YES/ NO (provide details below) | | Is client the primary carer? YES /NO | |
| Gender: M / F | Name | DOB | Residing with client: Y / N |
| | | | |

[illegible]

FOR ASHIANA USE ONLY, ID NO:

Once received, please forward on to the Senior Advice and Prevention Worker so that the client can be allocated to a member of the Advice team for contact. We aim to respond within 48 hours of receiving the referral form

- ☐ Client accepted
- ☐ Client accepted but cannot get in contact with them (Referrer notified)
- ☐ Client referred to another Agency
- ☐ Inappropriate referral
- ☐ Other outcome: _____