

Date Referral Received:

(Office Only)



The Snowdrop Project

Midcity House,

17 Furnival Gate

Sheffield,

S1 4QR

Snowdrop General Referral Form

Personal Details			
Surname		First name	
Known as		Date of birth	
Sex		Age	
Marital status		Children	
Address			
Phone		Postcode	

Legal Status			
Nationality		Primary language	
English	None	Poor	Basic
		Good	Fluent
Interpreter	No need	During interview	Occasionally
		Regularly	
Other communication needs			
<input type="checkbox"/> UK Citizen <input type="checkbox"/> EU citizen <input type="checkbox"/> Refugee/HP <input type="checkbox"/> Asylum Seeker* <input type="checkbox"/> Failed asylum seeker			
Trafficking Decision: <input type="checkbox"/> Pending <input type="checkbox"/> Positive CG <input type="checkbox"/> Negative CG <input type="checkbox"/> Challenging CG			
Discretionary Leave: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (Date: _____)			
* <input type="checkbox"/> Initial claim <input type="checkbox"/> Appeal 1 st Tier <input type="checkbox"/> Appeal Upper Tier <input type="checkbox"/> Fresh Claim			
<input type="checkbox"/> Other:			
Home office reference:		National Insurance No.:	
Date of leave to remain:			

Initial referral details

Are there any specific personal problems or safety issues?

Solicitors firm: _____ <input type="checkbox"/> Asylum and immigration <input type="checkbox"/> Compensation <input type="checkbox"/> Criminal	Solicitor	
	Contact details	

Health

GP details			
Needs changing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Post code	
Dentist details			
Needs changing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Post code	
Counsellor	Name		
	Contact details		
Other Health Professionals	Name		
	Profession		
	Contact details		
Physical disability?			

Below provide details including but not limited to, their current physical and mental health; any diagnosis; important historical problems; outstanding appointments; medication; ability to self care; substance or alcohol use.

Health

Are they able to collect their own medication?	Yes		No	

Police

Do they have an ongoing case with the police?	Yes		No	
Key Contact details including name and contact details				
Below provide details of the current investigation including interviews dates and necessary details				

Family				
Do they have family in this country?	Yes		No	
Do they have family abroad?	Yes		No	
Do they have contact with them?	Yes		No	
Do they want to attempt to contact 'missing' family connections?	Yes		No	
Below provide details including but not limited to important family and friends and whether there are any safety issues around family contacts.				

Are there any Urgent Needs?	<input type="checkbox"/> Destitution <input type="checkbox"/> Leave expires within two weeks <input type="checkbox"/> Dangerous Situation
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Personal statement

This page provides space for the client to tell us about themselves e.g. anything they are worried about, what they enjoy, what their goals are.

I, _____ understand that this is an optional service. In agreeing to accepting the support of the snowdrop project I give my permission for the previous aftercare organisation to release any necessary information.

I agree that the information on this referral is correct to the best of my knowledge and agree to work with my caseworker understanding that it is my responsibility to attend appointments or give notice if I cannot attend. I agree to alert my key worker if I feel my safety is threatened.

Signed: _____

Print name: _____ Date: _____

I, _____ (previous organisation) agree that the information provided on this referral is true and accurate to the best of my knowledge.

Signed: _____

Print name: _____ Date: _____

I, _____ (snowdrop worker) have received the referral information and will alert _____ if there are any safety concerns during the support in Snowdrop.

Signed: _____

Print name: _____ Date: _____