**Referral Form: NRM Reach-In Service**

This form should be completed **by the client with their current support provider or referrer.**

*Please be advised that the questions asked are not to determine suitability of Reach-In accessibility, but to ensure that the correct level of support is offered by the Reach-In provider.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Any urgent needs identified? | Destitution |  | Leave expires within 2 weeks |  | Immediate danger |  |

|  |  |
| --- | --- |
| Name |  |
|  |  |  |  |  |  |  |  |
| Date of Birth(DD-MM-YYYY) |  | - |  | - |  | Gender |  |
|  |  |  |  |  |  |  |  |
| Nationality |  |
|  |  |
| Language(s) spoken |  |
|  |  |
| Address |  |
|  |  |  |  |  |  |  |  |
| Contact Number | 0 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| +CG decision date(DD-MM-YYYY) |  | - |  | - |  | NRM/Move-On exit date(DD-MM-YYYY) |  | - |  | - |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| NRM Unique ID and SU ID |  |  |
|  |  |  |  |
| Immigration status  |  | Right to work (Y/N) |  |
|  |  |  |  |  |
| Survivor journey / brief background since Move-On.  |  |
|  |  |
| Current support received by other agencies (if relevant) |  |
|  |  |  |  |
| Number of dependent children |  |  |  |  |
|  |  |  |  |  |  |
| Name(s) and age(s) (use continuation page if necessary) |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
|  |  |  | Please tick if support required |
| Type of Support Required | Medical treatment;  |  |  |
| Translation and interpretation;  |  |  |
| Assistance at appropriate stages of criminal proceedings against offenders;  |  |  |
| Education (whether for Dependent School Age Children or otherwise);  |  |  |
| Employment (including preparation for work);  |  |  |
| Mental health services  |  |  |
| Housing |  |  |
| Substance dependency (detoxification) services;  |  |  |
| Sexual health services;  |  |  |
| Specialist counselling;  |  |  |
| Birthing partners;  |  |  |
| Resettlement support;  |  |  |
| ESOL classes;  |  |  |
| Support with submitting claims e.g. asylum, benefits, or legal |  |  |
|  |  |
| Level of spoken English/ Interpreter required? If so, which language? |  |
|  |  |
| Type of accommodation (eg NASS) if client has accommodation support needs |  |
|  |  |
| Children’s school(s) (if applicable) |  |
|  |  |
| Income type (benefits; NASS or employment) if the client has financial support needs. |  |
|  |  |
| If in work, employment details if the client has employment support needs. |  |
|  |  |
| Police contact(if applicable) if the client has criminal support needs |  |
|  |  |
| Social Care Services contact (if applicable) if the client has care support needs.  |  |
|  |  |
| GP details (if applicable) |  |
|  |  |
| Ongoing medical treatment (incl. allergies, EpiPen etc) |  |
|  |  |  |
| Receiving support for drug/alcohol use (Y/N) |  | *This will not impact eligibility but is to ensure the correct support can be provided* |
|  |  |  |
| If yes, please provide details if the client has medical support needs.  |  |
|  |  |
| Legal contact (if applicable) |  |
|  |  |
|  |  |
| Any appointments due (legal; police; HO; court) |  |
|  |  |
| Criminal record / PNC/ NEU-ECR (Y/N) and brief summary  |  |
|  | *This may not impact eligibility but is to ensure the correct support can be provide* |
| Ongoing medical treatment (incl. allergies, EpiPen etc) |  |
|  |  |  |
| Is there anywhere in the surrounding area that you, the Service User would not feel safe to visit? *(may be applicable if there will be a meeting in the community with the Reach-In support worker)* |
|  |
|  |  |
| Any other comments / concerns (use separate sheet if necessary) |
|  |

**Client consent to share information with** ………………………………………………………………………………………………….…………………………

I, ……………………………………………………………………………………………………………………………………………………………… hereby consent for my referrer, ……………………………………………………………………………………………………………………………………………… to share information on my file with ……………………………………………………..……………………… for the purposes of completing referral for reach-in support.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature  |  | Date |  |
|  |

**Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Contact No |  |
|  |  |  |  |
| Email address |  |
|  |  |
| Referrer/agency  |  |
| Please return to mstsupport@salvationarmy.org.uk  |

**Privacy notice:**

*The Salvation Army will hold your personal information to manage your participation in the programme. We do this in the substantial public interest. We may share this with companies contracted to The Salvation Army and keep it as long as required for potential safeguarding reasons.  Whilst The Salvation Army and Support Providers will be the processors of this information, the Home Office remains the controller. We may share your information with other organisation on the Home Office’s behalf to assist in providing support.*

*You have a right to a copy of information we hold about you, and in some circumstances to have it amended or deleted and to withdraw consent to the NRM. For this and to raise any queries on how your information is handled please contact Head of Privacy and Data Protection at**data.protection@salvationarmy.org.uk**or the address below. If you are still not happy you may raise concerns with the Information Commissioner’s Office.*

*For more information see our privacy policy on The Salvation Army website or request a copy from 101 Newington Causeway, London, SE1 6BN, Tel 0207 367 4500. The Salvation Army Trustee Company acting on behalf of The Salvation Army Social Work Trust. You can also refer to the National Referral Mechanism Privacy Information Notice following the link below:*

[*https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/privacy-information-notice-national-referral-mechanism*](https://protect-eu.mimecast.com/s/gOmlC66n0uG6v4Js6ClaZ?domain=gov.uk)