

Referral form

This form is for use by external referral agencies only.

If you need help for yourself, please see the [Contact page](https://www.romasupportgroup.org.uk/contact.html) on our website.

# Eligibility

|  |  |
| --- | --- |
| **I confirm that the person I am referring is Roma.** | ☐ |
| **I confirm I have checked and believe that the support needed can be carried out by Roma Support Group.** | ☐ |

# Referrer’s details

|  |  |
| --- | --- |
| **Referrer’s name:** | Required |
| **Referrer’s job title:** | Required |
| **Referrer’s organisation:** | Required |
| **Referrer’s phone number:** | Optional |
| **Referrer’s email address:** | Required |

# Data Protection

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| In accordance with Data Protection Regulations, Roma Support Group needs consent to hold / use the personal and sensitive data about the person being referred. This data will be held in accordance with our [Service User Agreement](https://www.romasupportgroup.org.uk/service-user-agreement.html). |
| **I confirm that the person I am referring has consented to me sharing their personal and sensitive data for the purposes of this referral.** | ☐ |

*Continued…*

# About your client

|  |  |
| --- | --- |
| **Title (Mr / Mrs / Miss etc.):** | Optional |
| **First name:** | Required |
| **Last name:** | Required |
| **Date of birth:** | Required |
| **Full address and postcode:** | Required |
| **Contact phone number:** | Required |
| **Availability to be contacted:** | Optional |
| **Nationality:** | Required |
| **Language(s):** | Required |
| **Immigration status (if known):** | Optional |

# Reason for referral

|  |
| --- |
| **Please select all that apply:** |
| Welfare benefits | ☐ | EU Settlement Scheme | ☐ |
| Debt / Money issues | ☐ | Health | ☐ |
| Housing | ☐ | Education / Youth Development | ☐ |
| Safeguarding and Child Protection (work may need to be commissioned separately) |[ ]

*Continued…*

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| --- |
| **Additional information:***Please provide any additional relevant information about the client or their household, the issue(s) they are facing, any action taken so far (including by other organisations), or any other information we should be aware of prior to contacting the client:* |
|  |

|  |  |
| --- | --- |
| **Date of referral:** | Required |

**Please email your completed form to** **info@romasupportgroup.org.uk** **with the subject ‘Referral’, along with images of any relevant paperwork you have already gathered. The referral will then be sent to the relevant team. We usually aim to respond within 5-10 working days.**