**REFERRAL FORM**

Revive is an independent community project which provides free practical and integrated support to refugees and people seeking asylum

Our team of qualified and registered social workers and immigration case workers provide on-going and sustained support to assist clients through the difficult challenges that exile and asylum in the UK can bring.

**Revive is in contact with NASS and are able to offer assistance with:**

Completing Section Four support applications ● housing & benefit advice ● GP referrals ● finding legal representation ● education & health care ● links to accessing voluntary & statutory sector agencies ● social & educational activities *are also ran at the centres.*

**Revive offers Emotional Support and make referrals to:**

Professional counselling services ● services offering psychological support

**Revive provide**

Immigration advice & representation for a limited number of our services users.

**REFERRAL ROUTES**

**Agency Referrals**

Please complete the referral form downloadable from

[www.revive-uk.org](http://www.revive-uk.org)

**Self-Referrals**

Clients will need to attend one of our **Drop- In** sessions

**Send completed referral form to:**

**Post:** **Revive**. 187 Grey Mare Lane, Beswick. M11 3ND

**Email:**  [referral@revive-uk.org](mailto:referral@revive-uk.org)

**Fax:** 0161 223 9195

**St Brigid’s Parish Hall**

183 Grey Mare Lane, Beswick.

M11 3DR

**TUES. 11:30am – 4:00pm**

**Spiritan Youth Centre**

North Allerton Rd, Salford.

M7 3TD

**WEDNES. 11:00am – 4:00pm**

**Last entry 2:30pm or earlier, subject to numbers/ queue.**

**WHAT NEXT**

Agency referrals will be discussed on Tuesday’s at our case allocation meeting

Self-referrals will have a decision on the day

**OUTCOME**

**WAITING LIST**

Due to reaching capacity levels complex cases will be placed on our waiting list

**SIGN-POST**

Refer to appropriate agency

**CASE ALLOCATED TO SOCIAL WORKER**

Short term case worker

Long term case worker (complex cases)

**Please ensure clients are aware of your referral to our service**

# REFERRAL FORM

**Referring Agency Details**

**Name:** Enter agency name

**Address:** Enter text.

**Tel No:** Enter text.

**Email:** Enter text.

**Referrer’s Name:** Enter First, Last name.

**Role/ Post:** Enter text.

**Date:** Enter today’s date.

**Client Details**

**Name:** Enter Frist, Middle, Last name.

**Address:** Enter text.

**D.O.B.** Enter a date.

**Gender:** Choose an item.

**Tel No:** Enter text.

**Email:** Enter text.

**Immigration Status:** Enter text.

**Country of Origin:** Enter text.

**Persons First Language:** Enter text.

**Can persons speak English?** Text.

**Is an interpreter required?** Enter option.

**Reason for referral & areas of support needed**

Click or tap here to enter text.

**Please record details of support provided by your service**

Click or tap here to enter text.

**Are there any associated risk factors?**

Click or tap here to enter text.

**Please record the name & contact detail of other services involved**

Click or tap here to enter text.

**If the client is not with you is he/she aware you are making this referral ** 

**I AUTHORISE REVIVE TO OBTAIN INFORMATION WITH REGARDS TO MY IMMIGRATION CASE AND ACT ON MY BEHALF**

Revive is working in partnership with British Red Cross, Rainbow Haven and Refugee Action. We need to keep records about our work. I understand that my details may be shared with our partners, but they will only be used to for monitoring purposes and will be kept confidential.

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