**PRIVATE AND CONFIDENTIAL**



**CASE SUMMARY**

**Please send your referral electronically to** [**referrals@hereforgoodlaw.org**](mailto:referrals@hereforgoodlaw.org)

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| **Case ID** *(to be completed by Here for Good)* |  |
| **Date of referral** |  |
| **Client details** | |
| **Name (s)** |  |
| **Contact details** | Phone: Email:  Address: |
| **Date and place of birth** |  |
| **Language** |  |
| **Is an interpreter needed? If yes, which language?** |  |
| **Does the client have any dependents in the UK?** |  |
| **Does the client have any mental/physical health issues?** |  |
| **Immigration details** | |
| **Nationality** |  |
| **Does the client have a valid passport/national ID)?** *Please state whether the above document is biometric* |  |
| **Date of arrival in the UK** |  |
| **Is the client a family member of an EEA national?** | Yes ☐ No ☐ If yes, please tick the appropriate box:  ☐Spouse/Civil partner ☐Unmarried partner ☐Child/grandchild Dependent ☐Parent/grandparent  ☐Other relative |

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| **Employment details** | |
| **Does the client have a National Insurance Number?** |  |
| **Please provide a brief summary of the client's employment history in the UK** |  |
| **Criminality/Deportation details** | |
| **Does the client have any criminal convictions in the UK/abroad?** |  |
| **Does the client have a deportation/exclusion order?** |  |
| **Summary of the case** | |
|  | |
| **Other relevant information** | |
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| **Consent to Share Information**  **Consent to the referral must be gained before the referral can be made** |
| I give {name of the charity} permission to share information recorded on this form with Here for Good and their network of volunteers in relation to the provision of free immigration advice regarding the EU Settlement Scheme and related enquiries.  Signature  Print name Date |
| If you are making this referral on behalf of someone else please ensure that they want support and they sign this form  Referrers Name:  Organisation:  Signature:  Contact details: |

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