

**Merseyside Law Centre – Vulnerable Migrant Referral Form**

**We can assist with Asylum support matters, homelessness, destitution, disrepair matters and relocation requests. We may not be able to help in every case (for instance if legal aid is not available for a case we can only act for people in Liverpool) but we will assess every referral and let you know what next steps we can take.**

**Please fill out the form in as much detail as possible.**

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| REFERRER DETAILS (Name, organisation, contact number/email) |  |
| Date of referral  |  |
| Client Name |  |
| Date of Birth |  |
| Telephone Number |  |
| Email Address  |  |
| HO or Port Reference  |  |
| National Insurance Number if applicable |  |
| Address |  |
| Immigration status |  |
| Nationality |  |
| Interpreter needed? Language required? |  |
| Dependants? (names and DoB and relationship) Including spouse if they are dependant on their Asylum claim.  |  |
| Details of any health issues including health professional details (medical evidence is likely to be relevant in all matters)- include info of all medical professionals involved with client care: |  |
| Immigration solicitor? Details if possible i.e name of solicitor, name of firm.  |  |
| Brief info of issue (disrepair? Relocation? Section 4 or 95 application? S.4 or 95 appeal? Asylum Support delay? Destitution? Homeless?) |  |
| Are any other organisations involved? Have referrals been made anywhere else for this issue? Have referrals been made to any other Law Centres or Legal Representatives?  |  |
| Confirm client consent to refer and share confidential information? During Covid-19 restrictions we will not require their signature so simply confirm that you have obtained their consent to refer. |  |
| **Please attach all relevant documents to your referral email (if you don’t know yet what is relevant we can request these following triage of the case but include medical evidence and Home Office letters in each case)** |