**NESTAC Referral form** 

Return this form to: NESTAC main office: 237 Newstead, Lower Falinge, Rochdale, OL12 6RQ

OR by Email: info@nestac.org.uk or Peggy.Mulongo@mft.nhs.uk

|  |  |
| --- | --- |
| **Date of referral** |  |

**Information about the client**

|  |  |
| --- | --- |
| **Title** |  |
| **Family name** |  |
| **First name** |  |
| **Sex** |  |
| **Date of birth (indicate if unknown)** |  |
| **Religion**  |  |
| **Ethnic origin** |  |
| **Place of birth** |  |
| **Nationality**  |  |
| **Email**  |   |
| **Telephone** |  |
| **Address** |  |
| **Need for interpreter – if yes language(s)** |  |

**Information about the referrer**

|  |  |
| --- | --- |
| **Title** |  |
| **Name of referrer** |  |
| **Role** |  |
| **Organisation** |  |
| **Address** |  |
| **Tel no** |  |
| **Email** |  |
| **Preferred means of communication** |  |

**Client’s status** (please circle and provide as much detail as possible)

|  |  |
| --- | --- |
| **Date of arrival in the UK** |  |

•Asylum seeker •Refugee •EEU Citizen •UK Citizen •Other

**Please provide reason for referral**

**Client’s current difficulties** (please provide as much detail as possible, this information may help us decide how we can best help the client)

**Other agencies involved in working with the client** (please provide details of statutory or non-statutory organisations that the client is involved with e.g. Health agencies, Refugee Community Organisations)

**What are the expectations from this referral? The referral is for work with:**

•Adult •Family •Couple •Child

**In what ways would you expect NESTAC to help the client?**

**What is the level of the Client’s involvement in the referral?**

AGREED UNCERTAIN DISAGREE

**Any other information: is there anything else you think we should know about the Client?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s signature** |  | **Date** |  |
| **Referrer’s signature** |  | **Date**  |  |