**PRAXIS European Settlement Scheme Project
REFERRAL FORM**

**Praxis is taking referrals to assist EU citizens and their family members to apply for the EU Settlement Scheme. Please use this form to refer a client. All clients referred must be at risk (see below).**

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| **PLEASE EMAIL THIS FORM TO:** **waleed.maqsood@praxis.org.uk**You can also complete an online form: <http://www.praxis.org.uk/online-forms-and-advice-page-42.html>We aim to respond to referral request within 5 working days. We will contact the client directly.Please do not send clients to Praxis without a referral (unless agreed with a caseworker). **Please try to complete this form as fully as possible.** |
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| **Referring Organisation** |  |
| Name of organisation |  |
| Name of adviser |  |
| Telephone |  |
| Email |  |
| Date of referral |  |
| Client Case Reference No. |  |

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| **Client Information** |  |
| Do you have client consent for you passing their details on to Praxis? | **YES/NO** |
| Full name of clientAny other names used |  |
| Address including post code (or borough presenting if homeless) |  |
| Mobile number (if client has one – if they do not – please provide a contact number for us to use) |  |
| Email address (if client has one) |  |
| NationalityIf non-EU, what is client’s relationship with EU family member? |  |
| Date of entry into the UK |  |
| Which identity documents does client have? |  |
| Interpretation required?If yes, which language | **YES/NO** |

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| **Client risk (please circle):** | Gypsy, Roma or Traveller / Homeless / Disabled / Slavery or trafficking / Domestic abuse / Elderly / Care Leaver / Mental health / Other  |
| **Presenting issues Please give brief details including any deadlines or reason for urgency and any actions already taken** |
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| **Reasons for referral** |
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| **Is the Referring Organisation expecting to provide ongoing support to the client on other matters? Please give details.** |
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| **Any supporting documents attached?** |
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