



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

## NESTAC REFERRAL FORM

Date of referral: \_\_\_\_\_

### INFORMATION ABOUT THE CLIENT

Family name: \_\_\_\_\_ Title: \_\_\_\_\_

First name: \_\_\_\_\_ Sex: Male  Female

Date of birth: (indicate if Unknown) \_\_\_\_\_ Religion \_\_\_\_\_

Place of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

Need for interpreter:  YES Language(s) \_\_\_\_\_

NO - Client is happy for service to be in English

### INFORMATION ABOUT THE REFERRER

Name of Referrer: \_\_\_\_\_ Title: \_\_\_\_\_

Role: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred means of communication: \_\_\_\_\_

NESTAC External Referral Form

Tel: 01706 868993

Email: [peggy@nestac.org](mailto:peggy@nestac.org)



## CLIENT'S STATUS

Date of arrival in the UK: \_\_\_\_\_

Status (please tick boxes and provide as much detail as possible):

Asylum Seeker     Refugee     EEU Citizen     UK Citizen     Other

Please provide reasons for referral:

**CLIENT'S CURRENT DIFFICULTIES** (please give 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 Client's involvement in the referral?

Any other information: Is there anything else you think we should know about the client?

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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