

Health Access Refugee Programme - External Referral Form

1: About the client

Title:	Ms/Mrs/Miss/Mr/Other	Mother language (main) spoken:	
First name:		Additional languages:	
Surname:		Interpreter required: YES/NO	
Address:		Immigration Status (Please tick)	
		Asylum seeker	
		Refugee	
		Refused Asylum seeker	
Unknown			
Email:			
Mobile Telephone:		Length of time living in Hull/Doncaster/Sheffield/Leeds/Middlesbrough/?:	
Country of origin:			

Why would the client benefit from having a health befriender?		
Please tick the nature of help required	Same sex befriender	
	Translating letters and completing forms	
	Help attending health appointments	
	Help finding and attending social groups	

2: About the referrer (Not applicable if referring yourself)

Name of agency:	
Name:	
Email:	
Telephone:	
Mobile:	
Profession:	
Date of referral:	

All the information will be treated in the strictest confidence and will not be passed onto any other parties.

Please return the form to:

Hull: Karen.Taylor@RefugeeCouncil.org.uk
Leeds/Wakefield: Muhammad.Nayyer@RefugeeCouncil.org.uk
Sheffield: Rodrigo@sheffield.cityofsanctuary.org
Doncaster: Beatrice.Botomani@RefugeeCouncil.org.uk
Middlesbrough: Lara@refugee.org.uk