**Youth Connect Project | Registration Form**

**We provide support to separated children and care leavers with :**

* **asylum advice**
* **welfare advice**
* **life skills and self-advocacy sessions**

**Please return this form to** [**youthconnect@refugeecouncil.org.uk**](mailto:youthconnect@refugeecouncil.org.uk)

**About you – your support/network/community**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name(s)** |  | **Date of Birth** |  | |
| **Surname(s)** |  | **Gender** |  | |
| **Has your age been disputed?** | |  | | |
| **Your address** | |  | | |
| **Nationality** | |  | | |
| **Language(s) spoken** | |  | | |
| **Mobile Number** | |  | | |
| **Home Office Reference** | |  | | |
| **Port reference** | |  | | |
| **Name and contact details of immigration solicitor** | |  | | |
| **Date of arrival in the UK** | |  | | |
| **Date of asylum claim** | |  | | |
| **Stage of asylum process** | | **Not claimed asylum** | |  |
| **First Claim** | |  |
| **Fresh claim** | |  |
| **Limited leave to remain** | |  |
| **Unknown/Other** | |  |

|  |  |  |
| --- | --- | --- |
| **Relationship** | **Name** | **Contact details** |
| **Social worker / PA** |  |  |
| **Foster carer / Keyworker** |  |  |
| **School / Teacher** |  |  |
| **Support worker** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of referrer** |  | **Organisation** |  |
| **Telephone & email** |  | | |
| **Relationship** |  | | |
| **Reason for referral** |  | | |

**For your referrer to complete**

|  |  |  |
| --- | --- | --- |
| **Is the young person a potential victim of trafficking?** |  | **Other information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LA providing service** |  | **Support type** | **Not supported by social services** |  |
| **Section 17** |  |
| **Section 20** |  |
| **Date support started** |  | **Section 23** |  |
| **Adult services** |  |
| **Unknown / other** |  |

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