# **REFERRAL FORM & NOTES TO REFERRER**

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# **NOTES TO REFERRER**

Please read these notes carefully before completing our referral form.

* We provide accommodation for **LGBTI asylum seekers and refugees ONLY.**
* MRI’s safe housing is for temporary/emergency accommodation only. Asylum seeking residents are expected to stay in MRI safe houses as long as they are eligible to NASS support. Refugee residents are expected to stay in our house between 3 to 6 months, with a review after 3 months. We expect residents to move on to more stable/permanent accommodation after this period.
* Our safe houses provide ***shared accommodation***. We have no single rooms available at the moment.
* Applicants are required to sign a ‘*Permission to release personal information form*’ available with this form.
* The referral form and information supplied within is used as a pre-assessment for suitability for MRI’s safe housing and shared accommodation.
* All applicants will be assessed on a needs basis by the MRI team. We do not have the capacity to support people with high end support needs. Please ensure that any support needs are clearly stated in the relevant section of the referral form.
* Following submission of referral, the applicant **MAY** be invited for a face-to-face risk assessment- to identify any risks posed to moving into our houses and to identify the right support for the applicant. ***Not all referrals will be invited for a face to face assessment. We will use information provided on this referral form to assess suitability.***
* If deemed suitable for housing, the applicant will be required to sign an Occupancy Agreement OR Licence Agreement before moving into the property.
* If our houses are full, and no bed spaces available, the applicant will be placed on our waiting list- the order determined by the vulnerability and/or needs of the applicant.
* All applicants will be expected to adhere to house rules and codes of conduct.
* All referrals should be preceded by a telephone call to an MRI team member.

# **Referral Form**

## This is a temporary accommodation for LGBTI asylum seekers and refugees ONLY

### **(Please note: We have no capacity for high end needs)**

## 1.Referrer Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Agency/Placing Local Authority  |  |
| Address |  |
| Email address |  | Tel No |  |

## 2. Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | First Name |  |
| Current Address |  | Postcode  |  |
| Date of Birth |  | Age |  | Self -Identified Gender |  |
| What is the applicant’s nationality? |  |
| Does this applicant identify as LGBTI (Lesbian, Gay, Bisexual, Trans and Intersex)Lesbian Gay Bisexual Trans Intersex  |
| Is the applicant an Asylum Seeker |  | Granted Refugee Status  |  |
| Tel No |  | Email  |  |
| First Language |  | Interpreter Needed | Yes No  |

## 3. Reason for referral

|  |
| --- |
| Why is applicant being referred for temporary accommodation? Please provide services they are currently engaging with. |
|  |

## 5. Please provide details of any support needs

|  |
| --- |
|  |

## 6. Please tell us if there are additional circumstances

##

|  |
| --- |
|  **Pregnant Domestic Violence Victim** **Serious physical health issues Victim of Trafficking**  **Mental ill-health Limiting disability**  **Suitability for shared accommodation****Please explain further (e.g. what kind of mental health issues):** |

## 7. Consent & Information Disclosure

### If you are sending this form electronically, this page must be printed off, signed and scanned as an attachment.

***If you a referrer sending this form, please ensure that the applicant has signed our consent and information disclosure page (Page of this document).***

|  |  |
| --- | --- |
| **Is the applicant aware of this application?**  |  |
| **Referrers Name**  | **Signature** | **Date** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Main Applicant**  | **Signature** | **Date** |
|  |  |  |

### In order to support you to access MRI’s temporary housing services, we need your consent to access information about you and share with other agencies.

## Client Permission to Release Personal Information

I ……………………………………………………………………………………….....(Name)

give my consent to:…………………………………..Name/Organisation/Govt Department)

of………………………………………………………………………………….(Address/email)

to disclose my personal information/personal data to Micro Rainbow International.

I understand that I can withdraw my consent to the disclosure of my personal information

by contacting…………………………………………………and Micro Rainbow International.

I understand that Micro Rainbow International will process my sensitive personal data strictly in accordance with the Data Protection Act 2018 and that in an emergency my data may be disclosed to others without my consent for medical reasons or to protect my or another person’s vital interests.

I understand that my information will be kept on file and accessed by Micro Rainbow International staff.

Micro Rainbow International will not pass on information without your consent.

***If you would like further information on the protection of your data please contact Jill Power on*** ***jpower@micro-rainbow.org***

Client’s Name:…………………………………………… Date:…………………………

Client’s Signature:………………………………………. Date:…………………………

Address:………………………………………………………………………………………………..

Telephone contact details:……………………………..