**REFERRAL FORM – CONFIDENTIAL**

To refer someone to SWVG, please complete this form and return it to Claudia Glyn,   
co-ordinating team leader: mob. 077 5121 3735, [claudia.glyn@swvg-refugees.org.uk](mailto:claudia.glyn@swvg-refugees.org.uk)

SWVG befriends and supports asylum seekers and refugees.

It is very helpful to have all relevant information. Please feel free to extend the sections or use extra pages.

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| --- | --- | --- | --- |
| **Referred by:** | | | |
| **Name:** | | | |
| **Organisation:** | | **Date of Referral:** | |
| **Email:** | | **Telephone:** | |
| **Person being referred: personal details (with their permission)** | | | |
| **Family name:** | **First name:** | | **Known as:** |
| **Age/DOB:** | **Gender: M / F / T** | | |
| **Address:** | | | |
| **Telephone:** | | | |

**Southampton and Winchester Visitors Group** *Working with asylum seekers**and refugees*

**Patrons:** Miriam Margolyes OBE, John Pilkington, Dr Shirley Firth

**Registered 2019 as a charitable incorporated organisation:** 1183558   
(previously an unincorporated charity no.1103093 )

SWVG PO Box 1615 Southampton, SO17 3WF

**Email:** [admin@swvg-refugees.org.uk](mailto:admin@swvg-refugees.org.uk) **Telephone:** 0750 317 6350 **Web:** [www.swvg-refugees.org.uk](http://www.swvg-refugees.org.uk)

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| --- | --- | --- | --- | --- | --- |
| **Country of origin and languages** | | | | | |
| **Country of origin:** |  | | **Fluency in English?** | **Speaking**  **Reading** | |
| **First language:** |  | | **Second language:** |  | |
| **Time in UK:** |  | | **Time in Southampton:** |  | |
| **Dependents** | | | | | |
| **Name:** | | **Relationship:** | | | **Age/date of birth:** |
|  | |  | | |  |
| **Immigration status. Please describe legal position with any legal claim or appeal, if known** | | | | | |
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| **Contact detail for solicitor (with consent):** | | | | | |
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| **Source of income, if any (relatives, friends)** |
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| **Current accommodation** |
|  |
| **Relevant history** |
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| **Current situation/circumstances** |
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| **Reasons for request for help from SWVG:** |
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| **What help from SWVG would be useful:** |
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| **Physical health including GP if known** |
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| **Mental health** |
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| **Any known involvement with drugs, alcohol, police, violence** |
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| **Contacts with/support from other agencies – eg, Red Cross, CLEAR etc - please give details if known** |
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SWVG referral form March 2020