



Referral Form - The Salvation Army Survivor Support Service

This form should be completed by the client with their support worker (or other professional).

Please be advised that the questions asked are not to determine suitability of programme acceptance but support required to ensure that the correct level of provision is offered.

Any urgent needs identified? Destitution Leave expires within 2 weeks Immediate danger

Name

Date of Birth (DD-MM-YYYY) - - Gender

Nationality

Language(s) spoken

Address

Contact Number 0

NRM Unique ID CG decision date (if appl.) - -

Expiry Date of Leave to Remain /Immigration status Right to work (Y/N)

Survivor journey / brief background

Current support received by other agencies (if relevant)

Number of dependent children

Name(s) and age(s) (use continuation page if necessary)

Any initial needs identified



Literacy level (in own language and English)

Level of interpreting requirements

Type of accommodation (eg NASS)

Children's school(s) (if applicable)

Income type (benefits; NASS or employment)

If in work, employment details

Police contact (if applicable)

Social Care Services contact (if applicable)

GP details (if applicable)

Ongoing medical treatment (incl. allergies, EpiPen etc)

Receiving support for drug/alcohol use (Y/N)

This will not impact eligibility but is to ensure the correct support can be provided

If yes, please provide details

Legal contact (if applicable)

Any appointments due (legal; police; HO; court)

Criminal record / PNC/ NEU-ECR (Y/N) and brief summary

This may not impact eligibility but is to ensure the correct support can be provide



Is there anywhere in the surrounding area that you, the client would not feel safe to visit?

Any other comments / concerns (use separate sheet if necessary)

Client consent to share information with The Salvation Army

Ihereby consent for my referrer, to share information on my file with The Salvation Army for the purposes of completing referral for additional support.

Signature

Date

Support Worker/Referrer Details

Name Contact No

Email address

Referral Agency

*The Salvation Army will hold your personal information to manage your participation in the programme. We do this in the substantial public interest. We may share this with companies contracted to The Salvation Army and keep it as long as required for potential safeguarding reasons.

You have a right to a copy of information we hold about you, and in some circumstances to have it amended or deleted and to withdraw consent. For this and to raise any queries on how your information is handled please contact Head of Privacy and Data Protection at data.protection@salvationarmy.org.uk or the address below. If you are still not happy you may raise concerns with the Information Commissioner’s Office.

For more information see our [privacy policy](#) on The Salvation Army website or request a copy from 101 Newington Causeway, London, SE1 6BN, Tel 0207 367 4500.

The Salvation Army Trustee Company acting on behalf of The Salvation Army Social Work Trust.

Please return to the Local Programme Coordinator:

Email

Tel No