

## Panjshir Aid – Referral Form

Confidential

This form is used to refer individuals or families to Panjshir Aid for support services.

### 1. Referrer Details

Organisation / Agency Name: \_\_\_\_\_

Referrer Name: \_\_\_\_\_

Job Title / Role: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

### 2. Client Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality / Ethnicity (if relevant): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

### 3. Language & Communication

Preferred Language: \_\_\_\_\_

Interpreter Required?  Yes  No

If yes, language/dialect: \_\_\_\_\_

### 4. Immigration / Residency Status (if relevant)

Asylum Seeker

Refugee

Indefinite Leave to Remain

Other (please specify): \_\_\_\_\_

### 5. Reason for Referral (tick all that apply)

Digital Inclusion / IT Support

- Housing Support
- Benefits / Universal Credit Support
- Mental Health & Wellbeing
- Employment / Training
- Language Support
- Food / Emergency Support
- Fitness / Wellbeing Activities
- Other (please specify): \_\_\_\_\_

## 6. Presenting Issues & Background Information

## 7. Risk & Safeguarding Information

Any known risks or safeguarding concerns?  Yes  No

## 8. Consent

I confirm that the client has given informed consent for this referral and for Panjshir Aid to store and process their personal data in line with data protection regulations.

Client Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_