|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referrer name and Organisation:** | |  | | | | |
| **Date of referral:** | |  | | | | |
| **CLIENT DETAILS – BLOCK CAPITALS** | | | | | | |
| **Name** | |  | | **Date of Birth** |  | |
| **Address** | |  | | **Date of Arrival in the UK**  **Date of arrival in Kirklees** |  | |
| **Country of Birth** |  | |
| **Phone Number** | |  | | **Nationality** |  | |
| **Email address** | |  | | **First Language** |  | |
| **Number of Children under 18** |  | |
| **Disabilities Y/N** | |  | | **Male/Female** |  | |
| **Is the individual pregnant?** | |  | | **Family status Single/married etc** |  | |
| **Which benefits do they claim (Please highlight)** | |  | | | | |
| **Please tick to confirm that there are no safeguarding concerns with this referral** | |  | | | | |
| **Ethnic Background** | | | | | | |
| **Asian/Asian British** | **Black/Black British** | | **Mixed** | | | **White** |
| Bangladeshi 🞏 | African 🞏 | | White Asian 🞏 | | | British 🞏 |
| Indian 🞏 | Caribbean 🞏 | | White/ black African 🞏 | | | Irish 🞏 |
| Pakistani 🞏 | Any other 🞏 | | White/black Caribbean 🞏 | | | Any other 🞏 |
| Chinese 🞏 |  | | Any other 🞏 | | |  |  |
| Any other |  | | |  |
|  | | | | | | |
| **User background information and other services involved including contact details:** | | | | | | |

**Thank you for your referral, please note that Volunteers cannot provide long term support, they are there to support with reducing barriers and introducing users to integration to encourage independence, they cannot enter users’ homes or provide transportation. Not all referrals will result in a match to a Welcome Mentor Volunteer, all referrals will be reviewed, and you will be notified as to whether a match can or cannot be made.**

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|  |  |
| --- | --- |
| **Please identify the support needed from the Welcome Mentor service** | |
| Support from a buddy to help community integration and reduce social isolation (this can be over the phone and/or in person) |  |
| Support with health literacy and help with public transport to appointments or sitting in on first appointments (please note that volunteers cannot drive service users to any appointments and cannot be used long term for attending appointments) |  |
| Support to obtain and access dental support, this may include signposting to 111 if a dentist is not available |  |
| Support to access ESOL classes, including building confidence with a buddy system to support attendance |  |
| Support to engage in community activity |  |
| Support to access legal/immigration advice (Please note some of our volunteers can offer information but not advice however we support people to link with legal professionals or qualified support services where possible) |  |
| Support to access specialist services (eg substance use, mental health) – please state what specific support is needed |  |
| Signposting for support with housing, benefits – please state which |  |
|  | |
| **How we use your personal information**  The Welcome Mentor programme is managed by **Third Sector Leaders Kirklees (TSL)**. All personal information provided to TSL will be kept in accordance with the Data Protection Act 2018 and will be held securely, confidentially and for no longer than is necessary. The full details of how we process and store your personal information can be found in our Privacy Notice which is attached.  **I give my consent to Third Sector Leaders Kirklees holding sensitive personal information about me and sharing my personal information with organisations to support me.** | |
| **Declaration:**  I confirm that I have read and been provided with a copy of the welcome to Kirklees privacy notice. I understand that with my agreement you may work with and therefore share my data with other organisations to support me, and that this will be dependent upon my individual requirements. | |

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| --- | --- | --- | --- |
| **Staff Signature** | \*Customer agrees to you sharing information to be matched to a Welcome Mentor Volunteer \*  ­­­­­­­­­­­ | **Date** |  |

TSL

|  |  |
| --- | --- |
| **Your contact details: (Person referring to us)** | |
| **Telephone number** |  |
| **Email Address** |  |

\* lailuma.r@i-ask.co.uk