 Tel: 07970320734

laaslosupport@tameside.gov.uk

LAASLO REFERRAL FORM

*Local Authority Asylum Liaison Support Officer*

*Please use this referral form for any person(s) who has/have received a positive outcome on their claim for asylum and who have agreed to access the support provided by the LAASLO.*

|  |  |
| --- | --- |
| *Title:* |  |
| *Surname(s):* |  |
| *First name(s):* |  |
| *Date Of Birth:* |  |
| *National Insurance Number:* |  |
| *Current Address: (please specify if this is SERCO accommodation)* |  |
| *Contact Telephone Number:* |  |
| *Email Address:* |  |
| *Nationality:* |  |
| *Interpreter required: (please specify yes or no)* |  |
| *Required language of Interpreter:* |  |
| *Current Home Office Status:* |  |
| *Home Office decision letter received: (please specify yes or no)* |  |
| *BRP card received:**(please specify yes or no)* |  |
| *SERCO 28 day notice received in writing:**(please specify yes or no)* |  |
| *SERCO Notice end date:**(If applicable)*  |  |
| *Date referral was made:* |  |
| *Name of person/agency making referral:* |  |
| *Client has agreed to referral and for his/her contact details to be passed on: (please specify yes or no)* |  |
| *Does the client need support with applying for a bank account: (please specify yes or no)* |  |
| *Does the client need support with applying for Social Security Benefits: (please specify yes or no)* |  |
| *Does the client need support with applying to registered social landlords: (please specify yes or no)* | *.* |
| *Please use this box to advise what other support the client may benefit from (if discussed) For Example, a service user has received a negative decision and wants advice and support with returning to their country of origin.* |  |

*Please be advised that clients are able to obtain advice and information directly by using the email address and phone number provided on the referral form.*

*If all the information on the referral form cannot be captured at first point of contact, a member of the support team will contact the client in order to obtain any relevant/missing information. This referral form should ideally be used for person(s) who are within their 28 day notice period from SERCO.*

*laaslosupport@tameside.gov.uk*