



EU Settlement Scheme - Referral Form

PART 1 Organisation Referral

Organisation Name:	
Organisation Address:	
Staff Member Name:	
Position:	
Work Tel/Mob Number:	
Work Email Address:	
Date of Referral	DD/MM/YYYY

PART 2 Client information

Full Name	
Address	
DOB	
Tel no	
Email address	
NI	
Gender	
Nationality	
Date of Arrival	

Requirements	YES ✓	NO X	Further information
ID Document (passport/ID card)			
Employment			
Benefits			
NON- EU			

Application Submitted			
Criminal Conviction(s)			
Proof of residency Evidence*			<i>*NHS letters, bank statements, council tax, benefits, wages slips, bills etc</i>

PART 3 Complexities & Vulnerability

In hospital		Homeless		Elderly		Children in care		Under 18	
Roma		DV		Disabilities		Victim of slavery/trafficking		Pregnant	
Mental Health		Carer		Literacy/Digital		Drug/ Alcohol issues		Other	

Any relevant Information	
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PART 4 Additional Applicants (family)

Full Name	Date Of Birth DD/MM/YYYY	M= Male F=Female	Relationship to you. (e.g. spouse, child, other)	Date entered UK. (If different from yours) - MM/YYYY	If Child, in school/college/Uni?

PART 5 Client Declaration

I consent to the referring organisation to refer and discuss my details and information to and with the Kirklees Citizens Advice and Law Centre.

Yes No

I consent to be contacted directly by the Kirklees Citizens Advice and Law Centre regarding to this referral.

Yes No

Printed Name: _____

Signature: _____

Date: _____

PART 6 for KCALC use ONLY

Caseworker/Solicitor	
Casebook	
Date	