

**Client Referral Form – Action Housing**

**1. Personal Details**

First name: .....

Last name: .....

Previous name(s): .....

Date of birth: ...../...../..... Gender:  Male /  Female (tick one)

Telephone number: .....

Email address: .....

Place of birth (city/town): ..... Nationality: .....

Language(s) spoken in order of fluency: .....

Interpreter required?  Yes /  No (tick one)

First date in UK: ..... Religion: .....

Involved with WERS since: .....

Health conditions (details): .....

Smoker?  Yes /  No (tick one)

Married / Single: ..... Location of Family: .....

Name of Spouse / Partner: ..... In contact?  Yes /  No (tick one)

Children (details): .....

Most recent solicitor: .....

**2. Brief Description of Circumstances**

Please include any information that you feel is relevant, i.e. length of time homeless, whether sleeping rough, asylum status, organisations involved with, interpreter preference, etc. Please don't hesitate to contact us to discuss further if desired:

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**3. Training, Education, Employment & Interests**

Studying ESOL (details): .....  
Job in home country: .....  
Wants to study: .....  
Interests/hobbies: .....

**4. Declaration**

I confirm that the information I have provided on this application form is complete and true to the best of my knowledge.

Signed .....  
Printed .....  
Date ...../...../.....

**Please return this form:**

**By post:** OR **By email:** [simoncook@actionfoundation.org.uk](mailto:simoncook@actionfoundation.org.uk)  
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