



Date of interview: _____ Client Ref number: _____

Family Name: _____ First Name: _____

Name on Home Office ID Card: _____

Title: Mr / Mrs / Miss / Ms / other Male / Female Single / Married

Children Yes No

Children in the UK Yes No

<p>Address/Last NASS address:</p> <p>Postcode:</p> <p>Date left NASS address:</p>	<p>Date of birth:</p> <p>NASS Ref No:</p> <p>H.O. Ref No:</p> <p>Telephone:</p> <p>Email:</p>
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Country of origin:	Tribe/ethnic group:
Languages:	English: Good <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>

<p>Current Solicitor:</p> <p>Name:</p> <p>Address:</p> <p>Tel:</p> <p>Previous Solicitors:</p>	<p>Doctor:</p> <p>Name:</p> <p>Address:</p> <p>Tel:</p>
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<p>Current Status:</p> <p>Refusal <input type="checkbox"/> Awaiting appeal hearing <input type="checkbox"/> High court <input type="checkbox"/> Appeal in process <input type="checkbox"/></p> <p>Judicial Review <input type="checkbox"/> Fresh application <input type="checkbox"/></p>
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Support: NASS support <input type="checkbox"/> No NASS support <input type="checkbox"/> Applied for Section 4 <input type="checkbox"/>
Documents seen & copied: ID Card <input type="checkbox"/> Refusal letter <input type="checkbox"/> Jomast letter <input type="checkbox"/> Other <input type="checkbox"/>

Help Required: Accommodation <input type="checkbox"/> Food <input type="checkbox"/> Other <input type="checkbox"/>
Appointment with Justice First <input type="checkbox"/> Appointment with Red Cross <input type="checkbox"/>
Where are you staying tonight?

Are you on any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:
Have you ever been arrested in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:
Have you ever been cautioned or given a criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a drug or alcohol problem? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signing Date: _____ Frequency: _____

Comments/Action plan:

I confirm that the information given is true to the best of my knowledge.

Name: _____

Signature: _____ Date: _____

OPEN DOOR:

Staff/Volunteer Name: _____

Signature: _____ Date: _____

REFERRAL AGENCY:

Organisation: _____

Advisor Name: _____

Signature: _____ Date: _____



Consent form for sharing and storing of Personal Data

We collect information about you so that we can understand your situation and support you in appropriate ways. We also need to record information about you on our computer systems. We will treat all information as confidential and will not share it with any other organisation unless we are required by law to do so or you give permission to do so.

The law states that we must share confidential information about you if:

At any time we believe you or any other person has been harmed or abused or is at risk of being harmed or abused.

We will store all documents and electronic files containing information about you in a safe place.

Contacting other agencies. In order to assess your circumstances and provide you with support, we may need to contact the following people about you:

Solicitor

Police/Probation

Immigration Enforcement

Social Services

GP/Hospital

UKBA/Asylum Support

Red Cross

Migrant Help

Any other services you are currently/have been involved with.

I want/do not want my contact details (name, telephone number and Home Office reference numbers) to be passed to The **Mary Thompson Fund**. Once registered with the Mary Thompson Fund they will normally be able to provide you with additional food and weekly cash support while you have no recourse to public funding.

1. Full name of client:

Title Mr/Mrs/Miss/Ms

Surname:

Forename:

2. Date of Birth:

3. Home Office Ref Number: NASS Ref No:

4. Current Address (If any):

Postcode:

I consent to Open Door North East contacting other agencies where it is necessary for the purposes of my support and for my records being disclosed to Open Door North East.

Signed: Date:

Print full name: