

**READING REFUGEE
REFERRAL FORM**



**Refugee
Support
Group**

SUPPORT GROUP

Refugee Support Group
Asylum Seekers and

is a charity which aims to help
Refugees within the Berkshire

area, it aims to help them to grow within the community and to gain independence.

Our mission is to improve the lives of refugees and people seeking asylum by providing support, advice, promoting awareness and facilitating integration into the local community

RSG can help through our casework team; this group of trained staff give free, confidential advice to our clients on a range of issues such as helping with legal problems, welfare, and benefits.

The team also signpost people to other organisations that are able to help in a way that we are not able to.

Our Criteria:

We are able to help you if you are an Asylum seeker or have had your application refused.

Or if you have Leave to Remain (refugee status, humanitarian protection, indefinite leave to remain) in the UK for over a year.

We may not be able to help you if you are a British citizen or have no recourse to public funding; we may signpost you to other agencies within Reading

Unfortunately, we are unable to help provide support for the following:

1. Detention
2. Application for temporary admission
3. Advocacy at court

Please complete the form and email to reception@rrsg.org.uk

Please note that we will respond to your referral within 2 working days. If you have not received any updates after this time, please contact us at reception@rrsg.org.uk

First Name		Surname/Family name	
Known As:		Date of Birth:	
Mobile			
Email			
Country of Origin			
What is your legal status?	Refugee	Asylum Seeker	Failed Asylum seeker
What languages do they speak and to what level? 1 = good, 2 = moderate, 3 = basic			
Language 1:		What level? 1 , 2 , 3	
Language 2		What level? 1 , 2 , 3	
Language 3:		What level? 1 , 2 , 3	
If they speak limited English, do they know anyone who can interpret for them?			
Name:			
Phone number:			
Email:			
FOR REFERRAL AGENCY			
If you are making this referral on behalf of the applicant, please give your name and organisation name			
Name:			
Name of organisation:			
Your email address:			
Your mobile number:			
Best times to call:			
Reasons for referral:			
Does the referred person wish to have the referrer included in the call (if yes – please provide the contact phone number + email of the referrer and the best times to call):			
Yes	No	Best time to call:	