**Refugees as Medical Professionals Devon**

**Refugee Support Devon,**

**Exeter Community Centre, 17 St Davids Hill,**

**Exeter EX4 3RG**

**CLIENT REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **1 Personal details** | | | |
| **Title** | **Name** | **Address**  **Postcode** | |
| **Date of Birth** | |
| **Gender** | |
| **Email address** | | | |
| **Mobile phone number** | | | |
| **Immigration status**  **Please underline which one applies to you: asylum-seeker, refugee, Indefinite Leave to Remain, British citizen, spousal visa, family reunion**  **Biometric Residence Permit Number** | | | |
| **Date of arrival in the UK** | | | |
| **Professional Qualifications** | | | |
| **Work Experience** | | | |
| **2 Level of English**  Please state the name of the exam, the grade achieved and the date taken. | | | |
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| **3 References**  Please give the contact details of one or two people we can contact for a reference. You can not use family members as referees. Do remember to ask the referee’s permission first before giving us their contact details.  **Please note that we usually use email addresses for referees.**   |  |  | | --- | --- | | Reference 1 Name  Email  Occupation  Address  Post Code  Telephone number (daytime)  Relationship to you: Reference 2 Name  Email  Occupation  Address  Post Code  Telephone number (daytime)  Relationship to you: |  | | **4 Intended goal(s)**  Please indicate which role(s) you intend to apply for in the NHS | | |

**5 Data Protection Consent**

I understand the following:

Refugee Support Devon (RSD) will store and process the information I have provided in this form for internal record-keeping and monitoring purposes. RSD will also use my contact details to communicate with me about RSD and related business. Any use of my data will comply with RSD’s data protection policy and current European Union General Data Protection Regulations. My records will be kept for two years after my last volunteering contact with Refugee Support Devon, after which they will be destroyed. In addition, I have the right to request that my records be destroyed at any time within this period.

Please confirm that you have read the above by ticking the box below.



I consent to the use of my personal information for the purposes stated above and I confirm that the information I have given on this form is complete and accurate to the best of my knowledge

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| --- |
| Signature of applicant (electronic signature not needed if emailing to us:  Name of applicant : Date : |
| Please email this form to rampdevon@gmail.com If you don’t have an email address, then please send it to  RSD, Exeter Community Centre, 17 St Davids Hill, Exeter EX4 3RG. |

For office use:

OET course hours per week:

Start date:

Finish date:

Outcome: