**Thank you for your interest in Out & Proud African LGBTI (OPAL).**

Please ensure that you ***complete all sections of the referral form***;

You are also requested that, before making a referral, you should consider the following

Pre-conditions for becoming a member of OPAL: (**Please read a detailed referral leaflet before you sign**)

**Please read the following criteria before referring to OPAL. The person being referred should:**

1. LGBTIQ+ person seeking asylum or have received refugee status or leave to remain.
2. Be willing and able to engage in our and proud social activities as a permanent member not temporally. (see leaflet)
3. Have a good level of English. Our groups are run in English due to the large mix of nationalities and languages at OPAL. This is so that members can relate directly with one another and participate fully.
4. Be aged 18 or over. People below this age will benefit more from an organisation specialised in working with younger age groups.
5. Be willing to be part of a community permanently.

It would be useful during the assessment period to have access to a laptop or telephone with internet, earphones and a confidential space for the duration of the sessions (we may be able provide a laptop on loan and internet data if you join the group).

Should you feel that OPAL is the right place for you, please send your complete referral

form to info@africanlgbti.org and we shall respond to your communication soonest possible.

Thank you.

**How to refer**

If you feel that OPAL is the right environment for your client, please send the completed referral form, consent form and relevant documentation to info@africanlgbti.org.org and we will get back to you as soon as possible. Thank you

**Referral Form**

*[ This form should only be filled after reading and understanding the OPAL leaflet]*

Please ensure that every section is completed and submit all relevant documents concerning client’s

asylum case and medical condition.

|  |
| --- |
|  |
| Referral Date |  |
| Personal Information |
| First name |  | Surname |  |
| Male / Female/Transgender/Non-Binary/Prefer not to say |  | Date of birth |  |
| Address |  | Email |  |
| Phone |  | Mobile |  |
| Ability to speak English Any interpreter needed? |  | Other languages |  |

|  |
| --- |
| Immigration history |
| Country of origin |  | Stage of current application: first claim awaiting decision / appeal / fresh claim |  |
| Immigration status |  |
| HO ref number |  |
| NASS ref number |  | Arrival date in the UK |  |
| Previous claimDate and reasons for refusal if declined |  |
| Details of appeals / fresh claims |  |

|  |
| --- |
| **Client’s History** |
| Please relate the history of your client’s experiences of Human rights violations/reason for fleeing (You can attach your personal witness statement) |

|  |
| --- |
| Referral |
| Self-referral | * Yes ❑No (If “no”, please answer the following questions)
 |
| Referrer |  |
| Contact phone/email |  |
| Reasons for referral to OPAL. |
| What is the individual’s reason for joining OPAL? |

|  |
| --- |
| OPAL members are supposed to participate effectively in OPAL activities. How do they feel about this experience, and what challenges do they expect? |

|  |
| --- |
| **Solicitor** |
| Name |  | Firm / Organization |  |
| Address |  | Phone |  |
| Email |  |

|  |
| --- |
| Other legal Support (e.g., housing, organization) |
| Name |  | Firm / Organization |  |
| Address |  | Phone |  |
| Email |  |

|  |
| --- |
| **Medical** |
| Name of GP |  | GP Surgery |  |
| Address |  | Phone |  |
| Email |  |

|  |
| --- |
| **Any Medical History?** |
|  |

|  |
| --- |
| **Support Network** |
| Accommodation |  |
| Financial Support |  |
| Other organizations supporting?Other referrals made? |  |
| Other family, friends |  |
| Next of Kin (name) |  |
| Telephone |  |
| Address |  |

|  |
| --- |
| **Any other relevant comments**: |
| I hereby confirm that the content in this form is true and accurate to the best of my knowledge and belief: I also confirm that the information on the leaflet have been read to me/or read them and fully understood it.  |
| **Name** | **Signature** | **Date** |
|  |  |  |

**Please send the completed form to Out & Proud African LGBTI (OPAL)**

By email: info@africanlgbti.org

By Post: Out and Proud African LGBTI, Contemporary Arts and Learning, 198 Railton Road, SE24 0JT.