Consultation form

Please send this form, a **signed** consent form and any relevant **anonymised** documents you wish to include to [law-eurightshub@york.ac.uk](mailto:law-eurightshub@york.ac.uk)

You can download the consent form here: <http://www.eurightshub.york.ac.uk/referral>

Requester details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | | Organisation: | Click or tap here to enter text. |
| Contact details | | Click or tap here to enter text. | | | |
|  | | |  | | |
| Please provide a summary of the issues with accessing welfare benefits and/or public services:  Click or tap here to enter text. | | | | | |

Client details

|  |  |  |  |
| --- | --- | --- | --- |
| D.O.B: |  | Nationality: |  |
| Gender |  |  |  |
| Disability: |  | Details: | Click or tap here to enter text. |
| Illness: |  | Details: | Click or tap here to enter text. |
| Pregnant |  |  | |

Status

|  |  |  |
| --- | --- | --- |
| Date last entered UK: |  | |
| **Status under the EU Settlement Scheme:** | | |
| Settled status  Pre-settled status  Appealing grant of pre-settled status  Applied (waiting for decision)  Refused (suitability) | | Refused (eligibility)  Appealing refusal  Void/invalid  Not applied yet  N/A (Pre-existing settled status/  British citizenship) |

|  |  |  |
| --- | --- | --- |
| **Currently: (please mark all that apply or may apply):** | | |
| Worker  Work seeker  Former worker  Student  Retired  Family member of EU national\* | | Family member of UK national\*  Self-sufficient  Permanent Resident  Carer of EU national  Carer of UK national  Other: Click or tap here to enter text. |
| \* Please give relationship: |  | |

Family

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household status/ living with:** | | | |  | | |
|  | | | | | | |
| **Partner/spouse/civil partner:** | | |  | | Nationality: |  |
| Living with client: | |  | If N, country of residence: | | |  |
|  | | | | | | |
| **Children:** |  | | Number: | |  | |
| Ages: |  | |  | | | |
| Nationalities: |  | |  | | | |
| Living with client: | |  | If N, countries of residence: | | |  |

Benefits/Public Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of issue: |  | | | | |
| Benefits claimed and/or disputed: | | |  | |  |
| Stage of claim or appeals: | |  | |  | |
| Please provide any further relevant details *(e.g. reason for refusal, disputed right to reside…)* | | | | | |