Please send by email to MLR@freedomfromtorture.org

| **Name** |  | **DoB** |  |
| --- | --- | --- | --- |
| **Stage** | Choose an item. | **Under 18?** | Y / N |
| **Nationality** |  | **Gender** |  |
| **Client address** |  | **Detained in UK?** | Choose an item. |
| **Phone** |  | **Email** |  |
| **Language** *- please specify a specific regional dialect if required* |  | **Interpreter** | Choose an item. |
| **Doctor gender preference***Female clients will see female doctors* | M / F | **Interpreter gender preference** | M / F |
| **Current therapy client at FfT?** | Y / N | **If therapy client, which FfT centre?** | Choose an item. |
| **GP details** *please include email address* |  |
| **Legal Representative Details** |
| **Name** |  | **Firm** |  |
| **Email** |  | **Phone** |  |
| **Address** |  | **Solicitor’s ref number** |  |
| **Funding** | Choose an item. |
| Comments: |
|  |
| **Remit - *not necessary to complete this section for existing therapy clients.***Unfortunately, we are unable to see people who do not come within our organisational remit. It is not within our remit to consider violence perpetrated by groups in pursuit of purely criminal gain. Please confirm your client comes within our remit (the answer must be yes to all three questions):  |
| Has your client suffered severe physical or mental pain or suffering? | Y / N |
| Was the purpose of the ill treatment to obtain a confession; punish him or her for an act s/he or a third person has committed or is suspected of having committed; intimidate or coerce him/ her; or for any reason based on discrimination of any kind? | Y / N |
| Was the actor of the persecution acting in an official capacity or with the consent or acquiescence of a public official or a member of a defined group with a common political, ideological or religious purpose or ethnic identity and exercising effective power?  | Y / N |
| Comments: |
|  |
| **Documents and Instructions**  |
| We are unable to consider a referral without the core documents relating to the asylum claim. What counts as a core document depends on the stage at which the case is being referred**Please scan, label, and date each document separately**. If this is not possible, please provide an index. **You must provide a detailed letter of instruction as per the November 2024 Practice Direction, rule 9.3(d)**  |
| **Legal Documents** |  **Document****Dated** | **Attached** |
| Letter of instruction  | Enter date | Y / N |
| Screening Interview  | Enter date  | Y/ N |
| SEF Interview | Enter date | Y / N |
| Witness Statement (must be signed and dated) | Enter date | Y / N |
| UKVI Decision Letter (RFRL) | Enter date | Y / N |
| Appeal Witness Statement (must be signed and dated) | Enter date | Y / N |
| Appeal Determination | Enter date | Y / N |
| Rule 35 Report | Enter date | Y / N |
| UKVI Response to Rule 35 Report | Enter date | Y / N |
| Copy of Any Fresh Claim for Asylum | Enter date | Y / N |
| Photographs Submitted  | Enter date | Y / N |
| (Right click to add more rows) |  |  |
| **Medical Records** |
| **GP records** **need to be secured at the earliest opportunity.** If you are not in possession of the records, we recommend making a Subject Access Request immediately: [use this link](https://ico.org.uk/for-the-public/make-a-subject-access-request/subject-access-request-service/) to begin the process. Please ensure you ask for “*A full set of all GP records including all consultations, referrals and related correspondence (including hospital letters)*”. We are unlikely to be able to progress your referral until we have the GP records. |
| Complete GP records (please ensure you have read the information above) | Enter date | Y / N |
| IRC medical records (if applicable) | Enter date | Y / N |
| Any Other Medical Evidence | Enter date | Y / N |
| (Right click to add more rows) |  |  |
|  |
| **Type of Report Requested:** | Choose an item. |
| **Please provide any Tribunal or other deadline** |  |
|  |
| **Description of Torture** |
| Suspended |  | Electric shock |  |
| Sexual Assault  |  | Toenails/fingernails removed |  |
| Falaka (beating on the soles of feet) |  | Burnt |  |
| Cut  |  | Beaten / kicked |  |
| Has your client indicated that they have scars or marks attributed to ill treatment?  |  |
| Has your client reported any psychological symptoms such as nightmares and disturbed sleep?  |  |
|  |
| **Medical Treatment** *(Please give details)* |
| Any physical / psychiatric treatment prior to arrival in the UK? |  |
| Any physical / psychiatric treatment in the UK? |  |
|  |
| **Further information** |
| **Which centre would you prefer your client to be seen in?** |
| ***(Please indicate your first choice and the order of preference.*** | **Please confirm that your client can travel**:  | Y / N |
| London |  | Manchester |  |
| Glasgow |  | Newcastle |  |
| If your client is in receipt of Asylum Support, you may be able to seek a disbursement to cover travel costs. |
|  |
| **Remote appointments (usually in addition to one face to face appt)**  |
| Please indicate whether a remote appointment would be possible (i.e. does your client have access to a suitable device / WiFi and somewhere private?). | Phone | Y / N |
| Video*(e.g. Zoom)* | Y / N |
| If a remote appointment is not possible, please provide the reason: |  |
| **Risk Issues** |
| From the information available to you, are you aware of any history of violent behaviour? If yes, please give details below.  | Y / N |
| Are there any other issues that we should be aware of in order to manage the appointment safely (e.g. current suicidal intent or psychosis)? If yes, please give details below. |
|  |
|  |
| **Completed by** |  | **Date** | Enter date |