



Referral to IHAG's Money Advice Service



Referral details:			
Date referral made:	Person making referral:	Organisation making referral:	Contact number for referrer:
Please indicate if there is anything you think we should know about, either for the safety of IHAG staff or that is relevant to the problem described above (please attach information on a separate sheet if possible)			

Client details:																							
Title:	First name:	Surname:	Gender:																				
Address:		Phone number & email address:																					
Do you have a disability?	If yes, please give details:	Date of Birth:	National Insurance no:																				
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If you have difficulties understanding English, please indicate your preferred language:																							

Please explain why you need help from a Money Adviser:

Emergency drop-in sessions are held at the IHAG office every Tuesday and Thursday from 1.30pm to 2.30pm for help with urgent issues, such as eviction, court action, bailiffs or benefits being stopped		
Referred to drop-in session?	Yes	No

Housing details: (please circle/highlight as applicable)			
Renting – Private Landlord	Renting – Local Authority (Council)	Renting – Housing Association	Hostel/Temporary Accommodation
For all of the above, please state your Landlord/Housing Provider:			
Living with Family	Roofless	Sofa-surfing	Homeowner (mortgaged/owned outright?)
Other (please state)			

Household details: (please circle/highlight as applicable)			
Single person	Couple	Other adults only	Other (please state)
How many children live in your household?			
What ages are these children?			

Marital status: (please circle/highlight as applicable)			
Single	Married	Cohabiting	Civil Partner
Divorced	Widowed	Separated	Rather not say

Employment details: (please circle/highlight as applicable)			
Working (please state hours worked per week)		Self-employed	Jobseeker
Student	Looking after home/family	Carer	Volunteer
Retired	Disabled or Sick	Other (please state)	

Ethnicity: (please circle/highlight as applicable)			
White British	Mixed White & Black Caribbean	Asian or Asian British Indian	Black or Black British Caribbean
White Irish	Mixed White and Asian	Asian or Asian British Pakistani	Black or Black British African
White Other	Mixed White & Other Background	Asian or Asian British Bangladeshi	Black or Black British Other Background
Romany/ Gypsy/Traveller	Rather not say	Other (please state)	

Confidentiality (please sign to confirm that you have read, and agree to, the below statement)	
<p>I understand that all information volunteered or given to IHAG will be treated as confidential and I consent to the sharing of information between IHAG and the referring organisation, should it be required. For more information on how we store and use your data, please refer to our privacy document on the IHAG website (https://www.ihag.co.uk/privacy-notice/).</p>	
Signed: (client)	Date: