**UCL INTEGRATED LEGAL ADVICE CLINIC (UCL iLAC)**

**GP Surgery Referral Form**

*If you wish to refer a patient to UCL iLAC, please complete this form and email it to us at the address below. UCL iLAC require this information in order to determine whether we are able to assist the individual, and to check whether there are any conflicts of interest in acting for them.*

*Please explain to the patient that we will use the personal information provided to us per our privacy disclaimer below.*

**Privacy Disclaimer**

**In order to take your enquiry, UCL iLAC will need to collect some personal information from you, including your name, address, date of birth, phone number, employment status, and details about your matter and the names of the other parties involved. We need to collect this information in order to be able to determine whether we are able to assist you, and whether there are any conflicts of interest.**

**UCL iLAC will collect, process, and use your personal information in compliance with data protection laws and will only collect your personal information if you consent to it. However, if you do not give us at least some personal information, we may not be able to take on your case as we won’t be able to carry out essential checks. For more information on how UCL iLAC will deal with your personal information, please refer to our Privacy Notice, which can be found on the UCL iLAC website:** [www.ucl.ac.uk/access-to-justice/privacy](http://www.ucl.ac.uk/access-to-justice/privacy)

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| **Name and role of person referring:** |  |
| **Contact details of referrer:** |  |
| **Name of GP surgery:** |  |
| **Client name (name of person seeking help):** |  |
| **Names of other parties involved:** | ***Eg children, partner, school, local council*** |
| **Client Contact details** | **Tel:** |  |
| **Email:** |  |
| **Postal address:** |  |
| **Client date of birth:** |  |
| **Is the client a student or employee of UCL?** | *If yes, details* |
| **Is the client currently working?** | *If yes, please ask what patient’s monthly income is roughly, if the patient is willing to disclose it* |
| **Legal Aid Eligibility** **(For Housing and Community Care enquiries ONLY)**  | *Are you currently receiving benefits, if yes please specify?* *What is your monthly household income? Do you own your own home or do you rent? If you rent, do you rent privately or through social housing?**Do you have any savings or own any valuable items over £500? If yes what is their approximate value?* |
| **Brief outline of what client is seeking help with:**  | *Try to keep this information concise if possible*  |
| **Any impending deadline?** | *Eg Eviction date/appeal deadline (remember most benefit deadlines are 1-month from date of decision to request reviews or appeals)* |
| **Does that client have any current health conditions that may be affected by the current problem?**  | *Details if relevant/available* |
| **Is there anything else we should know at this stage?** | *(E.g. will they be attending with anyone? Do they need an interpreter?)* |

**Please let the client know that the iLAC legal team will review the enquiry to see if anyone is available to assist. We will then call back to let client know if we are able to take the case on. We aim to get back to the client within 2-3 working days maximum.**

**Please send this form to** **legalclinic@ucl.ac.uk** **– adding GP REFERRAL FROM [NAME OF GP SURGERY] in the subject line.**