SHORT RESEARCH REFERRAL FORM Your organisation name: Type of organisation: Town or city and region in the UK: 1) Do you work with individuals affected by statelessness? Yes No 2) If yes, do you know of any people who are stateless and may be willing (tick if yes): · to be interviewed and/or • for us to review their immigration case file Part of file Whole file (preferably in advance of the interview) If you have answered yes to either of these, please provide details below (after having obtained consent from the individual in question). If you have more than one individual in mind please fill in their details on the additional form available. INTERVIEWEE/CLIENT DETAILS Under 18 18-29 30-49 Age 50+ Gender Length of time spent in the UK More than 5 years Less than 5 years Country of Origin (including ethnic group where relevant) Please tick which of the below three boxes applies to this individual (please tick one): He/she does not have citizenship of any country He/she has been refused a passport or travel document from their embassy or consulate in the UK, thereby preventing his/her return to the country of presumed nationality The situation is unknown or unclear (please still refer clients as we can contact you to clarify) If possible, please also tick which situation(s) best describes this individual's circumstances? (please tick all that apply): He/she has been refused asylum and/or have been unable to regularise his/her status He/she has been destitute or refused section 4 support He/she has been granted leave to remain in the UK (including through legacy) He/she has been in detention He/she has been subject to unsuccessful attempts to remove him/her from the UK He/she has been able to register as a British citizen on account of his/her statelessness He/she has been recognised as stateless by UKBA, including during the determination of his/her asylum claim

	provide any more ge	eneral informatio	n about this client's history and
circumstances:			
3) How can we contact you (or the client) to arrange an interview?			
Please provide details	Facilitator	С	lient/interviewee
Full Name			
Telephone number			
Email address			
Please mark here if we are able to contact the client directly			
4) In addition to referring clients would you (or your organisation):			
be willing to discuss our research in more detail, either by phone or in person and potentially complete a more detailed questionnaire? (In certain circumstances we may be able to compensate you for your time)			
and/or			
• like to discuss potentials cases you think may be relevant but you cannot refer at present?			
Then please provide your details below and we will get in contact with you:			
Full name:			
Telephone number: (including times to contact you)			
Email address:			
Please return this form as early as possible but ideally before Monday 10th January 2011 . Email to statelessness@asylumaid.org.uk or complete it online at www.asylumaid.org.uk using the link on the home page. Alternatively, post to: Asylum Aid. Club Union House. 253-254 Upper Street.			

London, N1 1RY or fax to: 020 7354 5620

Thank you for your time

For any other information about the project please contact: Chris Nash chrisn@asylumaid.org.uk and Lucy Gregg lucyg@asylumaid.org.uk Tel: 020 7354 9631 ext 221/222