

National Asylum Support Service Application form

Please read the guidance notes before you fill in this form.

Please fill in this form in **BLOCK CAPITALS** using black ink.

Section 1	About you – please read note 1
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please give details
Surname	<input style="width: 100%; height: 20px;" type="text"/>
Other names	<input style="width: 100%; height: 20px;" type="text"/>
Names that you have previously used	<input style="width: 100%; height: 20px;" type="text"/>
Date of birth	<input style="width: 100%; height: 20px; text-align: center;" type="text" value=" / /"/>
Nationality	<input style="width: 100%; height: 20px;" type="text"/>
Are you:	male? <input type="checkbox"/> female? <input type="checkbox"/>
Are you:	married? <input type="checkbox"/> divorced? <input type="checkbox"/> separated? <input type="checkbox"/> widowed? <input type="checkbox"/> single <input type="checkbox"/> other <input type="checkbox"/> Please give details
Which language is easiest for you to speak and understand?	<input style="width: 100%; height: 20px;" type="text"/>
Are you reasonably fluent in English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you need an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2

About your asylum application – please read note 2

Are you already claiming for asylum or making an appeal?

Yes Please give details in the boxes below.
No

If 'No' are you the dependant of an asylum seeker who is currently in the United Kingdom?

Yes Please give details in the boxes below.
No You are not eligible for support.

If you are the dependant of an asylum seeker in the United Kingdom, please give the following details.

Their name

Their nationality

Their date of birth

What method of transport did you use to enter the United Kingdom?

Did you pass through any countries on the way to the United Kingdom?

Yes No

If you answered "yes" to the above question, name the countries through which you passed on the way to the United Kingdom.

On what date and at what time did you arrive in the United Kingdom?

Date: / /
Time:

Where have you been accommodated since your arrival?

How have you been supporting yourself since your arrival?

Do you have any relatives or friends in the United Kingdom? If the answer is yes, please give brief details.

Have you ever visited the United Kingdom before?

Yes No

If "yes", please give dates on which you were in the United Kingdom.

What date did you apply for asylum?

Where did you apply for asylum?

A port of entry
Other

If you applied for asylum at a port of entry, name the port (e.g. "Dover" or "Gatwick") and enclose documentary evidence (e.g. IS96 form stamped by an Immigration Officer).

If you applied for asylum otherwise than at a port (e.g. at an Asylum Screening Unit), state where you applied and enclose documentary evidence (e.g. letter issued by National Asylum Support Service).

If you did not apply for asylum at the port of entry, you must provide an explanation at section 12 of this Application Form.

Please give the Home Office reference number:

Please give the Port reference number:

If you have been issued with an Application Registration Card, please give your IFB reference number (shown on your card).

If the Integrated Casework Directorate have given you an interview date, please give the following details.

The date of the interview

Where the interview will take place

If you are waiting for an appeal before the Special Adjudicator, the Tribunal, the Court of Appeal or Court of Session in Scotland, or the House of Lords, please provide the following information.

The date you made the appeal

The type of appeal (Special Adjudicator, Tribunal, Court of Appeal or Court of Session in Scotland, or the House of Lords)

The hearing centre the appeal is being heard at

The reference number

Section 5b**Details about the other people you have included in this application – please read note 5****Dependant 1**

Surname:		Other Names:	
Date of birth: <input type="text"/>	Are they: male? <input type="checkbox"/> female? <input type="checkbox"/>	Nationality:	
Their relationship to you:			
Name and address of school, college or university (if this applies):		Address (if different from the main applicant):	
How long have they been at this school?			

Dependant 2

Surname:		Other Names:	
Date of birth: <input type="text"/>	Are they: male? <input type="checkbox"/> female? <input type="checkbox"/>	Nationality:	
Their relationship to you:			
Name and address of school, college or university (if this applies):		Address (if different from the main applicant):	
How long have they been at this school?			

Dependant 3

Surname:		Other Names:	
Date of birth: <input type="text"/>	Are they: male? <input type="checkbox"/> female? <input type="checkbox"/>	Nationality:	
Their relationship to you:			
Name and address of school, college or university (if this applies):		Address (if different from the main applicant):	
How long have they been at this school?			

Dependant 4

Surname:		Other Names:	
Date of birth: <input type="text"/>	Are they: male? <input type="checkbox"/> female? <input type="checkbox"/>	Nationality:	
Their relationship to you:			
Name and address of school, college or university (if this applies):		Address (if different from the main applicant):	
How long have they been at this school?			

Please tick here if you have continued on another sheet.

Section 6a

About your current accommodation – please read note 6

Are you currently living in 'emergency accommodation'?

Yes No

Are you staying with a relative or friend (other than your dependants)?

Yes
No

If you are staying with a relative or friend, do you pay?

Yes Please give details below.
No
Does not apply

Are you living in rented accommodation?

Yes Please give details below
No

How much rent do you pay?

£	every
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Name of landlord

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Do you live in any other kind of accommodation?

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Is there any legal reason why you cannot move from your accommodation?

Yes Please give details below.
No

Can you afford your accommodation?

Yes
No Please give details below and go to section 7

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Do you want to stay in your current accommodation?

Yes Please go straight to section 7
No Please fill in section 6b

Please tick here if you have continued on another sheet.

Section 6b

More information about your accommodation – please read note 6

You should only fill in this section if you do not want to stay in your current accommodation.

In this section, we may use your answers to decide whether your current accommodation is not adequate for your own needs, and, if you have any, your dependants' needs.

If you are staying with a friend or relative, have they asked you to leave as soon as possible?

Yes Please give details below and go to section 7
No

Is there any other reason why you do not think your current accommodation is adequate?

Yes Please give details below.
No Go to section 7a.

Section 7a

Friends and relatives – please read note 7

We will take into account any support (either accommodation, financial support or other support) that your friends and relatives give you when we decide whether or not you are eligible for support. In this section, you should tell us whether or not any friends or relatives can give you support.

Can any friends or relatives in the UK provide you with adequate accommodation? (Please see note 6b for guidance on accommodation.)

Yes Please give details in section 7b.
No

Can any friends or relatives (whether in the UK or elsewhere) provide you with financial support, or support other than accommodation?

Yes Please give details in section 7b.
No

If you have answered 'No' to both questions, you should go straight to section 8.

Section 7b**Support from friends, relatives or other sources**

Name:

Address:

Their relationship to you:

Occupation:

Immigration status (if they live in the UK):

Details of the support they can give you:

Name:

Address:

Their relationship to you:

Occupation:

Immigration status (if they live in the UK):

Details of the support they can give you:

Name:

Address:

Their relationship to you:

Occupation:

Immigration status (if they live in the UK):

Details of the support they can give you:

Name:

Address:

Their relationship to you:

Occupation:

Immigration status (if they live in the UK):

Details of the support they can give you:

Please tick here if you have continued on another sheet.

Section 8**Cash, savings and assets – please read note 8**

We will take into account your cash, savings and certain possessions (see note 8) when we decide whether or not you are eligible for support. You should give details of cash, savings and assets in this section.

Do you, or any of your dependants, have any cash? Yes Please give details below.
No

Do you, or any of your dependants, have any savings or investments? Yes Please give details below
No

Do you, or any of your dependants, have any property, such as a house or vehicle? Yes Please give details below
No

Do you, or any of your dependants, have any valuable jewellery? Yes Please give details below
No

	Value	Description
Cash		
Savings		
Other		

Please tick here if you have continued on another sheet.

Section 9**Income – please read note 9**

We will take into account your income from employment, or any other source we have not already covered, when we decide whether or not you are eligible for support. You should give details of any income that you have in this section.

Are you, or any of your dependants, currently employed? Yes Please give details in the box below.
No

Do you, or any of your dependants, have any other income? Yes Please give details in the box below.
No

If you have a job, please give your national insurance number.

Please tick here if you have continued on another sheet.

Section 10

State benefits – please read note 10

Are you, or any of your dependants, currently receiving any benefits? Yes No

If 'Yes', please give the following information.

Type of benefit	<input type="text"/>
Amount of benefit	£ <input type="text"/>
How often you receive the benefit	<input type="text"/>

Have you, or any of your dependants, previously been receiving any benefits? Yes No

If 'Yes', please give the following information.

Type of benefit	<input type="text"/>
Amount of benefit	£ <input type="text"/>
How often you receive the benefit	<input type="text"/>

When and why did these benefits stop? Please give details below

Section 11

Accommodation

You should only fill in this section if you have asked us for accommodation.

If appropriate, please tell us your ethnic group.

Please tell us your religion and any specific needs connected to your faith

Section 11

Continued

Do you, or any of your dependants, suffer from any medical condition that you need treatment, medication or counselling for?

Yes

No

If 'Yes', please provide details below of your condition and any treatment or medication you receive.

Name	Condition	Treatment or medication

Who is providing treatment?

Doctor's name

Surgery or hospital address

The date of your next appointment (if this applies)

Do you, or any of your dependants, have a disability that will affect the type of accommodation you are given?

Yes

No

If 'Yes', please give details about the disability and any requirements you may have with regard to your accommodation.

Do you, or any of your dependants, have any special dietary requirements?

Yes

No

If 'Yes', please give details.

Any other information.

Please tick here if you have continued on another sheet.

Please give any other information that you feel we should take into account.

Please list the documents you have sent in to support this application, for example, letters, medical certificates and passport-sized photographs.

Please tick here if you have continued on another sheet.

Section 13

Warning and declaration – please read note 13

This is my claim for support under the Immigration and Asylum Act 1999. I also want to claim help with health costs for myself and my family listed in section 5 of this form.

Warning and declaration. You must now read the declaration below and sign it.

I confirm that the information I have given on this form is correct and complete. I understand that if I give false information, you may take action against me and I could be prosecuted. I confirm that I will tell you if my circumstances change or there is new information that is relevant to this application. **I agree that you can pass the information on this form to the Prescription Pricing Authority so they can give me and my family, listed in section 5 of this form, help towards health costs.** You can also use this information to check that my family and I are entitled to help and to prevent to detect fraud.

Your signature:

Name (please print):

Date:

Can we give your details to the local health authority, local authority and, if your dependants are under 16, the local education authority in the area where you will be living?

Yes

No You should read Note 13 before you tick this box.

Section 14

If someone helped you to fill in the form please read note 14

Did anyone help you to fill in this form?

Yes

No

If 'Yes', please give the following details.

Name of assistant or representative

Organisation and address

Phone number

Reference number

Did an interpreter help you fill in this form?

Yes

No

If 'Yes', please give the following details.

Name of interpreter

Organisation

Contact number

If you have filled in this form for the applicant, you should sign the declaration below.

I can confirm that I have included all the necessary information in this application. I have accurately recorded the information that the applicant gave me.

I can also confirm that I have signed the enclosed photograph of the main applicant.

Your signature:

Name (please print):

Date: