|  |
| --- |
| **Do you need advice and help with your  Asylum Support Appeal?** |

Asylum Support Appeals Project (ASAP) gives **free legal advice and representation to people in their asylum support appeals** (appeals against decisions to stop or refuse housing and financial support from the Home Office).

ASAP is a charity organisation. It is independent of the Home Office and the Asylum Support Tribunal. An ASAP advocate may be able to give you legal advice about your appeal, and/or represent you. For more information about our representation work and appealing, visit our website <https://www.asaproject.org/guides>.

*Please follow the steps below and we will try our best to help you. We are not able to help everyone.* ***Please complete and return this form as soon as you can.***

**If you have questions about referring to us, you can contact 07950 977701 or email** [**referrals@asaproject.org.uk**](mailto:referrals@asaproject.org.uk)**.**

**ASAP does not give immigration advice.**

|  |
| --- |
| If you want help from ASAP you need to:   1. Fill in the table below (you can type the answers, no need to print this form out) 2. Read and sign the declaration on page 2 3. Send the form to [referrals@asaproject.org.uk](mailto:referrals@asaproject.org.uk) or on WhatsApp to 07950 977701 |

|  |  |
| --- | --- |
| My name |  |
| The date and time of my appeal hearing (if known) |  |
| My telephone number |  |
| My email address |  |
| If you need an interpreter, please tell us which language you require |  |

**Please fill in pages 1 and 2 of this form.**

**DECLARATION**

I would like the Asylum Support Appeals Project (ASAP) to represent me/me and my family in my asylum support appeal hearing. I give permission to ASAP to act on my/my family’s behalf before the Asylum Support Tribunal and regarding my asylum support appeal.

I give permission for ASAP to access a copy of my/my family’s appeal bundle from the Tribunal in advance of my hearing.

I understand that ASAP may have to discuss the details of my/my family’s case with other agencies in order to assist me and by signing this form I give permission to ASAP to do this.

I also give my authority to any other person or organisation to release to ASAP any documents or information (including medical information) that ASAP may request in acting for me/my family in respect of my asylum support.

I understand that ASAP needs to store data about me/my family and might be requested to show my anonymised case-file to an external auditor for quality control purposes.

I understand that ASAP may use anonymised information about my case in policy work to try to improve the situation for other destitute asylum seekers.

Signed:\*

Print Name:

Date:

\*You can either type your name or sign a printed-out version of this form and send us a picture or a scan of it.

If you change your mind, at any point after signing this form, and decide that you do not want ASAP to help you with your case, please let us know as soon as you can and we will stop our work for you. You can let us know by emailing [referrals@asaproject.org.uk](mailto:referrals@asaproject.org.uk), or by phone, text or WhatsApp on 07950 977 701. Or you can tell the ASAP advocate, if one is helping you.