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**ENQUIRY FORM ✓**

Mandatory fields are in **red \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date & Time referral received:  **Enter Date** | |  |  | | --- | --- | | Referred: | **Enter Referrer** | | Contact: | **Enter Contact Phone & Email** | |
| **Nature of Enquiry \* :**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Domestic Violence |  | Abuse |  | Divorce |  | Child Support |  | Other |  | | Immigration |  | Refuge |  | Benefits |  | Training Course |  | Access to Solicitors |  | |  |  |  |  |  |  |  |  |  |  | | |
| First name **Enter First Name \***  Surname **Enter Surname \***   |  |  | | --- | --- | | Address: | **Enter address line 1** | |  | **Enter address line 2** | |  | **Enter address line 3** |   Date of Birth: **DD/MM/YYYY \***  NI Number: **Enter national insurance number \***  Ethnicity: **Choose Ethnicity \*** | Contact number: **Enter contact number**  Email Address: **Enter Email Address \***  Safe time to contact: **Enter safe time to contact \***  No of children: **Enter Number of Children**  Primary language? **Choose / Enter Language** |
| Enquiry Details:  **Enter Brief Enquiry Details** | |
| Action Taken: **Select Action Taken**  Please provide details of Action Taken:  **Enter Brief Details of Action Taken** | |
| Completed by: **Enter completed by name** Enquiry Close date: **Enter close date** | |