



**United Nations High Commissioner for Refugees
Protection Referral Form**

1. BIO DATA

Name of principal applicant (PRA)	
Family size	
UNHCR file/PNA number (if applicable)	
PoR card number/valid up to	
Referred by (name, title, organization)	

1. Nationality:		2. Most recent date of arrival in Pakistan:	
3. Ethnicity:		4. Religion:	
5. Sex:		6. DOB/age:	
7. Marital status:		8. Current whereabouts of the spouse:	

9. Accompanying family members

Name	Sex	DOB	Relationship to PRA

2. REASONS FOR COMING TO PAKISTAN

How and when did you/your organization first come into contact with the PRA or his/her family?

Please provide a brief summary of the reasons of arrival in Pakistan.
Reason for leaving country of origin:

Current protection issue(s) in Pakistan:

Reasons why return to country of origin is not possible:

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3. IDENTIFICATION OF PROTECTION NEED AND/OR VULNERABILITY

Specific need identified	Description
Woman at risk	
Legal and/or physical protection needs	
Child or adolescent at risk/ unaccompanied or separated child	
Serious medical condition (e.g. cancer, heart condition etc.)	
Persons with disabilities	
Older person at risk	
Person at risk due to sexual orientation or gender identity	
Member of a minority (ethnic/religious) group	
Survivor of violence and/or torture	
Person with strong links to a third country	

Additional comments:

Priority of action recommended: Normal Urgent

APPROVED BY HEAD OF ORGANIZATION (NAME & TITLE)	SIGNATURE	DATE
RECEIVED BY (NAME & TITLE)	SIGNATURE	DATE

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4. REFERRAL/FOLLOW-UP ACTIONS (UNHCR)

<input type="checkbox"/> NO REFERRAL IS RECOMMENDED FOR THE TIME BEING	
<input type="checkbox"/> REFERRAL IS RECOMMENDED TO COMMUNITY SERVICES (SEE SPECIFIC NEED IDENTIFIED - Section 3.):	
<input type="checkbox"/> CASE TO BE SCHEDULED FOR PNA INTERVIEW	
Priority of action recommended: <input type="checkbox"/> Normal <input type="checkbox"/> Urgent	
<input type="checkbox"/> PNA TO BE REVIEWED BY PANEL FOR MERGED RSD/RST PROCESS (FOR VALID POR CARDHOLDERS)	
<input type="checkbox"/> PNA TO BE REVIEWED FOR RSD INTERVIEW (FOR NON-POR CARDHOLDERS/EXPIRED POR CARDHOLDERS)	
ADDITIONAL COMMENTS:	
APPROVED BY (NAME AND SIGNATURE):	DATE: