

United Nations High Commissioner for Refugees External Protection Referral Form

	File / Registration Number: eference Number:					
Part /	A – Referral Information					
1.	Priority of action recommended ¹ : Emergency	🗆 Ui	rgent	□ No	rmal	
2.	Referred by (Name/ Title / Organization):					
3.	Date of Referral:					
4.	Signature of referring officer:					
5.	Contact information of referrer:					
6.	Supporting documentation included:					
Part I	3 – Biodata of Principal Applicant (PRA)					
7.	Name:					
8.	Nationality:	9.	Gender:		🗆 Male	Female
10.	Place of Birth:	11.	DOB:			
12.	Religion:	13.	Ethnicity:			
14.	Refugee Status:	15.	Marital St	atus:		
16.	Language	17.	Address:			
18.	Family composition: (use add'l pages as	19.	Contact ir	nfo:		
	necessary)					
Name			M/F	Age	Relationship	to PRA

Part C – Protection Assessment

- 20. Has the PRA or his/her family been referred to UNHCR previously? If so, when, under what circumstances, and what was the result?
- 21. Please describe the nature of the PRA's refugee claim and flight experience:

- 22. Please evaluate the credibility of the applicant's claim and list any provided documentation:
- 23. Please evaluate whether the applicant's fear of return is well-founded based on COI and available documentation:
- 24. List the convention grounds for concluding that the PA's fear of persecution is well-founded
- 25. Evaluation of the case in light of the exclusion triggers of Article 1(F)
- 26. Please evaluate the applicability of the IFA option to the PA
- 27. Please describe the PRA's stay in country of asylum, including their living situation and any particular protection problems they may face:
- 28. Please explain the reasons for referral, and the reasons for emergency/urgent intervention need (if applicable):
- 29. Please describe the protection measures undertaken by your organisation in regards to the case
- 30. Other relevant information:

Part D – For UNHCR Use only					
31. Received by (name, title, unit):					
32. Date:					
33. Internal referral to:	Date:				
Registration Community Services Protection	🗌 Field Unit 🗌 Medical 🗌 Resettlement				
34. Internal referral authorized by (name, title, unit):	Date:				
35. Received by Unit:	Date:				