**Single Competent Authority Potential Victim of Modern Slavery Consent Form**

You were referred into the National Referral Mechanism (NRM) as a minor (a person under the age of 18 years of age), as there were concerns you may be a victim of modern slavery – a term that covers human trafficking and or slavery, servitude and forced or compulsory labour. Minors do not have to give consent to be referred into the NRM process. As you are now 18 years of age or deemed to be aged 18, you are viewed as an adult and now need to complete and sign certain details below to enable your NRM referral to continue.

Written consent is required to:

1. **Continue in the NRM process** – mandatory if you want to continue in the NRM process
2. **Refer you to NRM support providers** – optional
3. **Enable any legal representatives / support organisations assisting you as a minor to continue to assist you as an adult** – optional

Further details are outlined below.

At the end of the document, you will also be asked to indicate if you are happy for the Police to contact you about your case.

**1. Continue in the NRM Process**

By signing to give your consent, this means that an appropriately trained specialist caseworker in the Single Competent Authority will look at your case and make a decision on the referral.

The details of this part of your claim will be treated in the strictest confidence. However, information may be disclosed to other government departments, agencies, local authorities, international organisations and other bodies where necessary to enable them to carry out their functions.

If you want the Single Competent Authority to consider modern slavery you will need to consent to this by signing the declaration below. If you do not consent, the issue of modern slavery will not be considered.

**Consent to the referral (mandatory if you wish to be referred to the NRM)**

I consent to my details, including my name and date of birth, being submitted to the Single Competent Authority who, where appropriate might contact other relevant agencies to assist in the identification and decision-making process.

More information about the ways in which the Home Office may use your personal information, including the purposes for which we use it, the legal basis, and who your information may be shared with can be found at:

<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/privacy-information-notice-national-referral-mechanism>

<https://www.gov.uk/government/organisations/home-office/about/personal-information-charter>

Signed:……………………………………………………Date: ……/......../……....

Name (print) …………………………………………………………………………………

Address:

…………………………………………………………………………………

Is this safe to contact you at: Yes / No (cross out as appropriate)

…………………………………………………………………………………

Safe contact number and email address: ……………………………………………………………………….

Preferred means of communication:

……………………………………………………………………….

If sending care of – the contact details (name, relation) if not the potential victim (PV) ……………………………………………..

English spoken: Yes/No ……………………………………………………………………

If no, what is their primary language:

…………………………………………………………………….

Where applicable - HO/Port ref: ………………………………………………………………………………….

**2. Refer you to NRM support providers**

If you consent to be referred to the NRM, you can receive support such as advice, accommodation, protection and independent emotional and practical help. This is delivered by specialist charities and is optional. If you wish to receive support through the NRM, you will need to consent to this by signing the declaration below. If you consent, this will allow us to pass information to the organisations below so that they can contact you directly in order to make an assessment on any support needs you may have.

You are required to give your contact number for this. If you do not require support, please sign the alternative declaration below.

I consent that my details, including name, date of birth and contact details, may be passed on to support providers who are The Salvation Army to help with my support needs.

Signed:

Date:

Name (print):

Contact number:

Email:

**OR**

I do not require support from The Salvation Army through the National Referral Mechanism.

Signed: …………………………………………………….Date: ……/......../……....

Name (print)……………………………………………………………………………

**Support Providers:**

**England and Wales**

**The Salvation Army**

Tel: 0800 808 3733 (24/7)

Email: mstreferrals@salvationarmy.org.uk

**Northern Ireland**

**Migrant Help Northern Ireland**

Tel: 028 92448449 (male victims of labour exploitation; female victims of labour exploitation can also be assisted if accompanying their male partner who is a victim of labour exploitation)

Email: northernireland@migranthelpuk.org

**Belfast & Lisburn Women’s Aid**

Tel: 028 90662385 (female victims of sexual exploitation or domestic servitude)

Email: heather.woods@blwa.cjsm.net

**Scotland**

**The TARA Service**

Tel: 0141 276 7724 (24 hours) (solely for female victims of sexual exploitation)

**Migrant Help**

Tel: 0141 884 7900 (male and female victims) and 0141 212 8553 (out of hours-for urgent needs/emergencies only)

Email: traffickingscotland@migranthelpuk.org

1. **Enable any legal representatives / support organisations assisting you as a minor to continue to assist you as an adult**.

By completing the details below, this will enable the organisation to continue to assist you during your referral to the NRM.

My legal representatives /supporting organisation is:

I consent for them to represent me during my referral to the National Referral Mechanism. This means that they can send information to the Single Competent Authority on my behalf and receive information including decision documents from them on my behalf. This information may be shared by post, email, telephone or fax.

Signed:

Name (print):

Date:

**Where to send completed details:**

Please scan and email to nrm@modernslavery.gov.uk **citing the NRM reference in the email subject title**. Additional paper copies are not required.

If sending by post due to exceptional circumstances as it is not possible to send a digital version, please ensure you cite the NRM reference number on the document.

**Consent to speak to the Police about your case**

If you are happy for the Police to speak to you or your legal representative about your case, please indicate below.

[ ]  Happy to be contacted directly [ ]  Happy for the Police to speak to my legal representative / nominated other: please specify [ ]  Do not wish to be contacted

Signed:

Name (print)

Date: