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| **ADVICE SERVICE ALLIANCE** **Advice Quality Standard** **Casework Experience and Range** Form: Case 1 – Asylum Seekers and Refugees  | C:\Users\lmorris\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\42924107.tmp  |

This form must be completed if applying for certification to Advice with Casework in the Asylum Seekers and Refugees category.

Cases listed to fulfil the criteria must be cases which were active within the last 12 months.  Please complete column 3 with either the case reference or file name.  Please also state the caseworker responsible for the case if applying through the 12-hour caseworker route (D5.1).

Note that under the Immigration and Asylum Act 1999 it is a criminal offence for a person to provide immigration advice or services in the UK unless their organisation is regulated by the Office of the Immigration Services Commissioner (OISC) or is otherwise covered by the Immigration and Asylum Act 1999. Members of certain professional bodies may give immigration advice without registering with OISC.

If immigration/asylum casework forms part of your application for the Advice Quality Standard, there will be an assumption that you are compliant with the relevant statutory requirements.

Further information can be obtained from:

The Office of the Immigration Services Commissioner, 5th Floor, 21 Bloomsbury Street, London, WC1B 3HF

Telephone: 0345 000 0046

Email: info@oisc.gov.uk

Web: [https://www.gov.uk/government/organisations/office-of-the-immigration-services-commissioner](https://www.gov.uk/government/organisations/office-of-the-immigration-services-commissioner%22%20%5Ct%20%22_blank)

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| **Requirement** | **File Ref No / Filename**  | **Initials of Caseworker**  |
| Fulfil three out of six of the following sections at least two of which should be from A, B, and C.  |
| **A Support for Asylum Seekers under the Immigration and Asylum Act 1999**  |
|   | Three out of four of the following:  |
|   | A1  | Challenges to provision.  |   |   |
|   | A2  | Appeal against refusal or termination of support.  |   |   |
|   | A3  | Assistance with access to additional needs for children.  |   |   |
|   | A4  | Assistance to people who are not entitled to support or whose entitlement has ended.  |   |   |

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| **B Rights to Benefits and Housing for Refugees and People with Exceptional Leave to Remain**  |
|   | B1  | Assistance for people denied benefit despite entitlement, at least one case in the immediate transition from Home Office support to benefit entitlement.  |   |   |
|   | B2  | Assistance for people denied housing despite entitlement.  |   |   |

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| **C Asylum**  |
|   | Three out of four of the following:  |
|   | C1  | One example of recognising a potential claim for asylum and action or referral to progress the case.  |   |   |
|   | C2  | One example of explaining family reunion and action or referral to progress the case.  |   |   |
|   | C3  | One example of identifying the need for and explaining status extensions and action or referral to progress the case.  |   |   |
|   | C4  | One example of explaining the law on permission to work for asylum seekers and action or referral to progress the case.  |   |   |

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| **D Employment and Training**  |
|   | One from each of the following:  |
|   | D1  | Training – assistance to asylum seekers denied training.  |   |   |
|   | D2  | Training – assistance to refugees denied training.  |   |   |
|   | D3  | Discrimination against refugees at work.  |   |   |

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| **E Education**  |
|   | E1  | Assistance for people who cannot get their children accepted by schools.  |   |   |
|   | E2  | Entitlements to free school meals, uniform grants and travel grants.  |   |   |
|   | E3  | Assistance in access to further and higher education.  |   |   |

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| **F Health and Community Care**  |
|   | Three out of five of the following:  |
|   | F1  | Accessing health care where it has been refused.  |   |   |
|   | F2  | Accessing mental health services where they have been refused.  |   |   |
|   | F3  | Assistance with access to free prescriptions.  |   |   |
|   | F4  | Paying for travel for medical care.  |   |   |
|   | F5  | Accessing care in the community.  |   |   |
| **I confirm the above information is accurate.**  |
| **Name (please print):**  |   |
| **Signature:**  |   |
| **Date:**  |   |