

Request for Independent Age Assessment

Information about the client	
Last name	First Name(s)
Gender	Claimed date of birth or age
Country of Origin	Language spoken
Religion	Interpreter required?
Immigration status	Home Office Reference
Current address	
Postcode	Telephone number
Date of entry to UK	Marital status

Local Authority information (if applicable)
Local authority disputing age
Current means of support

Legal Representative(s)	
Solicitor's Name	Solicitor's firm
Telephone number	Email address

Details of person requesting this assessment	Tick here if same as Legal Representative
Name	Relationship to client
Telephone number	Fax number
Address	
Postcode	Email address

Funding
How is this assessment to be funded?

Timescale
What is the timescale for a report?

Location of Assessment
Where do you propose the interview with the client takes place?

About the request
Why is this age assessment being requested?

Please submit this form:

By post to: Independent Age Assessment, PO Box 3528, Norwich, NR7 7RL, United Kingdom
or

Print it and fax to: 01603 340142 (+44 1603 340142).

You cannot email this form, unless you create a pdf image and send it.