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| **Reconsideration request form** |
| **Customer Name:** | **Nationality:** | **Date of Birth:** |
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| **Reference Number(s):** |  |
| **Immigration Decision:** |  |
| **Please enter below details of the customer’s homelessness or rough sleeping situation. If the customer is not currently homeless but will be at imminent risk of homelessness if their case is not reconsidered sooner, please detail the type of accommodation they are residing in, who it is provided by and details of when it is expected to end**  |
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| **Please detail below any other vulnerabilities that should be considered in support of your request to have the case reconsideration expedited**  |
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| **Please summarise in bullet points the grounds for reconsideration (any detailed grounds can be attached to your email referral)** |
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| **If seeking reconsideration of an asylum or Human Rights decision, please explain below why it would not be possible for the customer to avail themselves of S95/S4 or Schedule 10 support and accommodation** |
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