



West Midlands Case Management Limited

Agency Referral Form

Agency Contact Name	
Full Company Name	
Company Address	
	Postcode:
Contact Number	
Contact Email Address	
Company CRN	

Clients Full Name	
Date of Birth	
Address	
	Postcode:
Contact Number	
Contact Email Address	
Preferred Language	

Case Type	
Is there documentation ?	Yes / No / Not Sure
Other Information	

Case Information

(Please use other pages if needed)

Identity Check

In some cases we may have to complete an identity check to allow us to deal with the case and or take private and or personal information, All information we store is held in full compliance with UK and EU GDPR Law and in line with our Privacy Policy.

Please Check all documentation that the client has ready for our case team, Please include them when submitting this form to save time.

UK Driving Licence	
Tenancy Agreement / Proof of Address	
National Insurance Number	
UK / EU Passport	
Other Government ID Card	

It is our duty to complete checks to ensure safety and fraud prevention so we may share your information and the clients information with external and or partner agencies.

Consent and Sharing Permission

By signing this form the agency referring and the client agrees that our team will be in contact and will share information, If the client has any other questions or wants to add or remove a person / company for us to share information with please contact us once you have submitted this form.

Agency Signed	Client Signed
Dated: / /	Dated: / /

Please return this form via email to our team on contact@wmcmltd.co.uk or call us on 0300 102 1389