Vulnerability Assessment Questionnaire

PLEASE USE BLOCK CAPITALS

Applicant Name:

Person ID:

Name of parent/guardian if applicant is under 18 years of age:

Person ID of parent/guardian if applicant under 18 years of age:

Date of birth: Age:

Nationality:

Gender:

Accommodation Centre:

Email Address:

Phone Number:

Spoken language:

Can you read and write in your spoken language? Yes: No:

This vulnerability assessment will help the International Protection Accommodation Services (IPAS) to assess your **accommodation and reception needs**.

The assessment is voluntary and will not affect your international protection application. You will be invited by the Department of Justice to discuss your claim for asylum separately.

The information you provide will be treated as **private and confidential** by the Resident Welfare Team in IPAS.

We will not share your information with any third party without your consent. We ask for this consent so that we can provide any public bodies and their agents, such as the Health Service Executive and Tusla – the Child and Family Agency, with information to enable them to carry out their functions, and so that we can inform accommodation providers of any special accommodation needs, where necessary.

You can read the full Vulnerability Assessment Policy on the IPAS website [www.gov.ie/ipas.](http://www.gov.ie/ipas)

# Consent Declaration

I give consent to the International Protection and Accommodation Services (IPAS) to:

* Participate in an assessment of vulnerability for me/my child.
* Disclose any information received from me/my child, act on my/my child’s behalf and/or share my/my child’s personal information and data in accordance with the law, to any public bodies or services in the State (Ireland) which may be engaged with me/my child.

I declare that all the information I supply is true to the best of my knowledge.

I understand that this assessment is **separate to my/my child’s asylum application and that the information I disclose will not affect my/my child’s asylum application**.

# Signature:

**Person ID:**

# Date:

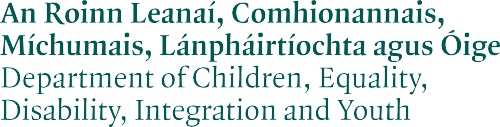
Signed and completed questionnaires should be returned to the Resident Welfare Team by email to [residentwelfareteam@equality.gov.ie](mailto:residentwelfareteam@equality.gov.ie) or by freepost to:

Resident Welfare Team,

International Protection Accommodation Services, PO Box 11487,

Dublin 2.

A member of the Resident Welfare Team will review your questionnaire and contact you if any further action is required.

PRIVATE AND CONFIDENTIAL – FOR USE BY RESIDENT WELFARE TEAM ONLY

|  |  |  |
| --- | --- | --- |
| **Please answer all questions** | Yes | No |
| Do you speak English? |  |  |
| Are you blind/going blind or deaf/going deaf? |  |  |
| Are you unable to walk or climb steps? |  |  |
| Are you unable to care for yourself, for example wash or dress yourself? |  |  |
| Are you currently pregnant or have you recently given birth? |  |  |
| Are you providing care for one or more children under the age of 18 here in Ireland? |  |  |
| Do you have a partner, spouse or any other family here to help you? |  |  |
| Are you: lesbian, gay, bisexual, transgender, queer or intersex? |  |  |
| Have you experienced any violence or trauma, such as female genital mutilation (FGM), rape, domestic violence, torture, imprisonment or LGBTQI persecution? |  |  |
| Do you have any serious health problems that require prescription medication and/or ongoing treatment by a doctor, for example HIV, cancer, diabetes, heart disease or hepatitis? |  |  |
| Do you have any serious mental health problems, such as clinical depression, anxiety, bipolar disorder, schizophrenia, post- traumatic stress disorder or memory loss? |  |  |
| Were you forced or tricked to come to Ireland against your will, for example for unpaid labour or sex work? |  |  |
| **Do you consent to being contacted by a member of the Resident Welfare Team about any of your answers to these questions?** |  |  |

# Signature:

**Person ID**

# Date:

**SEIRBHÍSÍ CÓIRÍOCHTA um CHOSAINT IDIRNÁISIÚNTA, BOSCA O. P. 11487, BAILE ÁTHA CLIATH 2**

INTERNATIONAL PROTECTION ACCOMMODATION SERVICES, P.O. BOX 11487, DUBLIN 2 T +353 1 4183200

E: [residentwelfareteam@equality.gov.ie](mailto:residentwelfareteam@equality.gov.ie) Department's Privacy Notice: [www.gov.ie/dcediy](http://www.gov.ie/dcediy)