Referral Form

(Settlement Services)

FORM 01

Accessible Diversity Services Initiative Limited

The Referral Form should be completed in consultation with the client(s) and the referring agency/referrer MUST obtain consent from the client(s) before referral.

Service Types

- Casework, Community Development, Youth Settlement, Support for Ethno-specific Communities

Eligibility

- **Permanent residents** who have arrived in Australia in the last five years as:
  - Humanitarian entrants, and
  - Family stream migrants with low English proficiency, and
  - Dependants of skilled migrants in rural and regional areas with low English proficiency.
- **Selected temporary residents** (Prospective Marriage and Provisional Partner visa holders and their dependants)

Referring Agency Details

Agency *: _____

Contact Person *: _____ **Position:** _____

Address *: _____

Phone *: _____ **Email *:** _____

Client Details

Surname *: _____ **Given Name *:** _____

Gender *: ☐ *Female* ☐ *Male* **Phone *:** _____

Address *: _____
(Number and Street)

Suburb *: _____ **Post Code *:** _____

Country of Birth *: _____ **Ancestry *:** _____

Nationality *: _____ **Date Arrived in Australia *:** _____

Language Spoken at Home (If NOT English) ***:** _____

Visa Holder *: (Is the person the principal or dependant?) ☐ *Yes* ☐ *No*

Does the client require interpreter *: ☐ *Yes* ☐ *No*

Family Details

Full Name	Relationship	DOB	Gender	Other Information (School/Allergy/Disabilities)

Reason for Referral (Please give as much information as possible)

Referrer's Declaration
By signing this Referral Form, I have obtained consent, either in verbal or written format, from the client detailed above to release all information contained in this Referral Form to the Accessible Diversity Services Initiative Limited (ADSI).
☐ I have attached a copy of my client's Visa to be sent with this referral
Referrer Name *: (Please Print) _____ **Referrer Signature *:** _____ **Date *:** _____

Please send the completed form to ADSI via	**Office Use Only**	
Email: info@adsi.org.au (Preferred), or	**Date Received:**	
	Date Assessed:	
Fax: 02 8737 5599	**Assessment Outcome:**	☐ Eligible ☐ Not Eligible
	Referral Allocated To:	