**Referrer Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referral Date: |  | Referring Service: | |  | | | | | |
| Referrer Contact: |  | | Contact Number: | |  | | | | |
| Has the person consented to the referral and are expecting to be contacted to make an appointment? | | | | | |  | Yes |  | No |
| Has parent/carer consent been provided for person under 16 years of age? | | | | | |  | Yes |  | No |

**Client Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | DOB: | | |  |
| Address: | |  | | | | | | Phone Number: | | |  |
| Country of citizenship: | | | |  | | | | | |  | |
| Current Australian visa status (incl. visa subclass): | | | | | | |  | | | | |
| Date of initial arrival in Australia: | | | | | | |  | | | | |
| Main language spoken: | | | | |  | | | |  | | |
| Interpreter required: | | | | | Yes | No | | |  | | |
| Reasons for referral: | | | | | | | | | | | |
|  | General advice about migration status or visa options | | | | | | | | | | |
|  | Visa application | | | | | | | | | | |
|  | Visa conditions (e.g. work rights) | | | | | | | | | | |
|  | Visa refusal | | | | | | | | | | |
|  | Visa cancellation/notice of intention to cancel | | | | | | | | | | |
|  | Merits review of adverse decision (AAT) | | | | | | | | | | |
|  | Ministerial Intervention request | | | | | | | | | | |
|  | Citizenship application | | | | | | | | | | |
|  | Other: | |  | | | | | | | | |

Please provide details of presenting issues and needs:

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**Client documents**

With permission from the client, please attach any relevant documents such as visa grant letters, refusal letters, request letters from the Department of Home Affairs (DoHA) or any other relevant documentation to this referral form.

**IMPORTANT NOTE:** to enable the provision of accurate and comprehensive advice and assistance, it is ESSENTIAL that the client brings ALL relevant documentation with them to their initial consultation (all correspondence from the DoHA, evidence of current and past visa status as well as all available ID and travel documents).

|  |  |
| --- | --- |
| Has the client sought migration advice elsewhere? | Yes  No |
| If yes, please provide details: |  |
|  | |
| Does the client have a current migration agent or lawyer? | Yes  No |
| If yes, please provide details: |  |
|  | |
| Does the client have a caseworker or other supports in place? | Yes  No |
| If yes, please provide details: |  |
|  | |

|  |  |  |
| --- | --- | --- |
| Is the client involved in any legal matters? | Yes  No | |
| If yes, please provide details: | | |
|  | | |
| Are there any known risks (eg alcohol or substance abuse, harm to self or others, domestic violence, AVOs, aggressive behaviour, court orders, child protection)? | | Yes  No |
| If yes, please provide details: | | |
|  | | |
| Are there any health issues (physical, mental health, disability)? | | Yes  No |
| If yes, please provide details: | | |
|  | | |
| Any other relevant information: | | |
|  | | |

Please email the completed referral form and any accompanying documents to [migration@catholiccare.org.au](mailto:migration@catholiccare.org.au)