



RAILS
Refugee and Immigration
Legal Service

ADVICE
LEGAL TASK
NO:
DATE OF SERVICE:

Mode of service:

In person: EAS
In person: Daytime advice
Phone advice
Mail advice
Outreach advice: _____

CLIENT DETAILS

First Name:	D.O.B:
Surname:	Phone:
Address:	Post Code:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of birth:
Language spoken at home:	Current visa:
Requires Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of arrival in AUS:
Spoken English: Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not all all <input type="checkbox"/> Not stated <input type="checkbox"/>	
Written English: Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not all all <input type="checkbox"/> Not stated <input type="checkbox"/>	
Aboriginal or TSI: No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, TSI <input type="checkbox"/> Both <input type="checkbox"/>	
Disability: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, describe:	
Family type: Two parent family with dependent children <input type="checkbox"/> No. of dependents _____ Sole parent family with dependent children <input type="checkbox"/> No. of dependents _____ Not living in a family (shared house, hostel, alone) <input type="checkbox"/> Other:	
Relationship status: Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Seperated <input type="checkbox"/> Married (de facto) <input type="checkbox"/> Not stated <input type="checkbox"/>	

EMPLOYMENT DETAILS

Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:	Centrelink income: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what:	Income level: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> No income <input type="checkbox"/>	Income source: Earned <input type="checkbox"/> Government allowance <input type="checkbox"/> No income <input type="checkbox"/> Other:
Any Dependants:			

PROBLEM DETAILS

Description:

Other parties involved: DIBP Other party Related client

Name	Date of Birth	Relationship