



RAILS

Refugee and Immigration
Legal Service

All the information that you give RAILS is confidential and RAILS will not share it with anyone without your consent unless permitted or required by law. Please complete all pages of this form and email it to afgsupport@rails.org.au with:

- Copy of your passport, taskira, immi card or driver's license

Individual living in Queensland:

PERSONAL DETAILS	
First name:	Surname:
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex/Intermediate <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Other: _____
Telephone:	Email address:
Residential address:	Post code:
Homelessness status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk <input type="checkbox"/> Unknown	
Country of birth:	
Visa status in Australia:	
Do you have a copy of your visa application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year of arrival in Australia:	
Visa expiry date:	
Preferred Language:	Do you need an English interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a client of: <input type="checkbox"/> Multicultural Australia <input type="checkbox"/> ACCESS <input type="checkbox"/> Inala Community House <input type="checkbox"/> Centacare	

Are there times at which we should not call you because it is unsafe for you? For example, in relation to domestic violence. Please let us know

Is there a time within regular business hours that is not convenient for you to answer the telephone? **We will try** to contact you outside of these times, but cannot guarantee that we will be able to do so.

Income details:

Is Centrelink your main income source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you live with your partner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your partner work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you and your partner have any dependents? <input type="checkbox"/> No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more			
What is your household's maximum weekly income (before tax)?			
<input type="checkbox"/> No income	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1550	<input type="checkbox"/> \$2010
<input type="checkbox"/> Less than \$1040	<input type="checkbox"/> \$1355	<input type="checkbox"/> \$1610	<input type="checkbox"/> \$2070
<input type="checkbox"/> \$1040	<input type="checkbox"/> \$1410	<input type="checkbox"/> \$1810	<input type="checkbox"/> \$2200
<input type="checkbox"/> \$1180	<input type="checkbox"/> \$1515	<input type="checkbox"/> \$1880	<input type="checkbox"/> More than \$2200
Could you afford a private migration agent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Who do you want to sponsor?

Full name	Date of Birth	Relationship to you

OTHER PEOPLE INVOLVED List any other people related to your enquiry. This can include

- People who arrived in Australia with you
- Any relatives living in Australia
- People who have committed domestic violence against you
- Any person with an opposing or adverse interest in your enquiry

Full name	Date of Birth	Relationship to you

Have any of them already made a visa application for an Australian visa?

No Yes

- Who has a pending application? _____
- Do you have a copy of the application? Yes No
- Please provide the full name of the person who proposed this application:

Have they:

- Worked for any foreign government, including the Australian Government?

- Are any of them a doctor, teacher, lecturer, journalist, scientist, or any other profession that may be targeted by the Taliban?

- Have they worked for a human rights organization or for any foreign organisations?

- Have they worked for any army, including the Afghan army?

What is their ethnicity?

- Hazara Pashtun Tajik Uzbek

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO INCLUDE?

By completing this form, you consent to RAILS sharing your information with our insurance broker, insurance company and peak bodies in the event of an insurance notification or claim. Once a year, for the purposes of quality assurance, lawyers from another community legal centre randomly check our files. You agree that your information might be included in this check.