

AGENCY REFERRAL FORM

Please complete all pages of this form and email it to admin@rails.org.au with:

- Copy of client's passport or immicard
- Visa grant notice, if applicable
- Emails or letters from the Department of Home Affairs or the Administrative Appeals Tribunal, if applicable
- Client authority SIGNED BY THE CLIENT for RAILS to share information with the referrer, if you would like us to be able to update you about this referral (see page 4)
- Any other information you would like RAILS to review

It is very important that you send RAILS the documents above, if the client has them. They help us understand the urgency of the referred matter and what RAILS can do to assist.

A. REFERRER

Organisation:	Referrer's full name:
Telephone:	Email address:
Availability (working days and times):	

B. CLIENT'S INFORMATION

PERSONAL DETAILS	
First name:	Surname:
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - please, specify:
CONTACT DETAILS	
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	

Please advise if we should be aware of safety issues and times to contact / not contact the client:

Please advise if there is any time, between Monday and Friday, from 9am to 5pm, at which the client would prefer not be called (for reasons other than safety concerns). RAILS **will try** to contact the client outside of these times, but cannot guarantee that this will be possible:

LANGUAGE	
Language spoken at home:	Do they need and English interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spoken English: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
Written English: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input checked="" type="checkbox"/> Not at all	
Disability status <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
Do they identify as? <input type="checkbox"/> Aboriginal Australian <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> None	

C. DESCRIPTION OF CLIENT'S MATTER

IMMIGRATION STATUS	
Country of birth:	Date of arrival in Australia:
Current visa type:	Visa expiry date:

Is this matter urgent? Yes No

If yes, is there a deadline? Date:

If yes, nature of urgency / deadline: _____

What assistance does the client request from RAILS?

Additional parties

List any other people related to the client's enquiry. This may include:

- People who have perpetrated DV against them
- Any person who may have an adverse interest in their enquiry.
- Dependent children
- People they want to propose or sponsor to come to Australia
- People included in their visa application

Full name	Date of birth	Relationship to client

D. EXPERIENCE OF DV – Complete this section if client has raised experiences of DV. If client has not raised experiences of DV, please skip to section E Income details.

1. Is it your or your agency's opinion that the client has experienced DV? Yes No
2. Has the client separated from the perpetrator of DV?
 Yes (approximate date: _____) No Unsure
3. Is/was the perpetrator of DV the client's visa sponsor? Yes No Unsure If no to this question, please skip to section E. Income details
4. Is there a child of the relationship? Yes No Unsure
5. Has the sponsoring partner died? Yes No Unsure

E. INCOME DETAILS - Some of our services are means tested. The questions below assist RAILS in assessing the client's eligibility to those services.

Is Centrelink the client's main income source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do they live with their partner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do their work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does their partner work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the client or their partner have any dependents? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more			
What is the client's 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
Is there anything else that RAILS should consider when assessing the client's financial circumstances? For example, about having medical expenses or other financial obligations.			



RAILS

Refugee and Immigration
Legal Service

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PO Box 5143, West End Q 4101
ABN 69 697 546 949

CLIENT AUTHORITY

I, (client's full name) _____

authorise the Refugee and Immigration Legal Service (RAILS) to provide information about my immigration case, including relevant documents and my name and contact details, to (organisation details)

for the purpose of updating them on progress made in my case and obtaining information to progress my case.

I also authorise RAILS to obtain information for and about my immigration case for the purpose of progressing my case.

Signed,

Date: