



RAILS

Refugee and Immigration
Legal Service

Referral for TPV/SHEV Conversion Assistance

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 asra@rails.org.au with:

- ☐ ID document (immi card or other)
- ☐ Visa grant notice, if applicable

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: _____

CONTACT DETAILS	
Telephone:	Email address:
Can you easily use emails and SMS? <input type="checkbox"/> Yes, both <input type="checkbox"/> Emails <input type="checkbox"/> SMS <input type="checkbox"/> No	
Residential address:	Post code:
Homelessness status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk <input type="checkbox"/> Unknown	

Is 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:

IMMIGRATION STATUS	
Country of birth:	Current visa type:
Subsequent TPV/SHEV lodged:	Visa expiry date:

LANGUAGE	
Language spoken at home:	Do you need an 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 type="checkbox"/> Not at all	

Do you have a physical disability or chronic illness? <input type="checkbox"/> No <input type="checkbox"/> Yes:
Do you have a mental disability or chronic mental illness? <input type="checkbox"/> No <input type="checkbox"/> Yes:
Are you experiencing family violence or fleeing a violent relationship?
Relationship status:
Are you expecting a child in Australia?

Do you have any children overseas? How old are they?

Living arrangements:

OTHER PEOPLE INVOLVED

Details of all family members and former family members in Australia: (including former spouses and de facto partners):

Full name	Date of birth	Relationship to you

Additional information relevant to type of assistance needed, e.g, experience of torture and trauma, criminal record or pending criminal charges or outstanding fines:

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For agency referrals only:

Client has consented to this referral:

Yes No

Client has consented for reasons for assistance being disclosed to the Department of

Home Affairs:

Signed by the client:

Date:

If you have any questions, please email RAILS on pr@rails.org.au or call (07) 3846 9333.