RAILS
Refugee and Immigration Legal Service

SETTLEMENT AGENCIES REFERRAL FORM

All the information given to RAILS is confidential and RAILS will not share it with anyone without the client's consent unless permitted or required by law. Information provided to us about child harm or child sexual abuse may have to be reported to the authorities.

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: ☐ Male ☐ Female ☐ Other - please, specify:

CONTACT DETAILS	
Telephone:	Email address:
Residential address:	Post code:
Homelessness status: ☐Yes ☐No ☐At risk ☐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 to 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 an English interpreter? ☐Yes ☐No
Spoken English: ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all Written English: ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all	

Disability status: ☐No ☐Yes: _____
Do they identify as? ☐Aboriginal Australian ☐Torres Strait Islander ☐Both ☐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 from 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? ☐Yes ☐No			
Do they live with their partner? ☐Yes ☐No			
Do they work? ☐Yes ☐No		Does their partner work? ☐Yes ☐No	
Do the client or their partner have any dependents? ☐No ☐1 ☐2 ☐3 ☐4 ☐5 or more			
What is the client's household's maximum weekly income (before tax)?			
☐No income	☐$1200	☐$1550	☐$2010
☐Less than $1040	☐$1355	☐$1610	☐$2070
☐$1040	☐$1410	☐$1810	☐$2200
☐$1180	☐$1515	☐$1880	☐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.			

F. Client Authority to Share Information for RAILS Refugee Family Reunion Outreach Clinic

I, (client's full name)

authorise (name of the settlement service provider)

to provide information about my immigration case, including relevant documents and my name and contact details, to (second settlement service provider)

for the purpose of RAILS Refugee Family Reunion outreach clinic at the (second settlement service provide location) office.

Signature of client:

Date:

RAILS
Refugee and Immigration Legal Service

(07) 3846 9300
admin@rails.org.au www.rails.org.au
Level 3, 43 Peel Street, South Brisbane, QLD, 4101
PO BOX 5143, West End, QLD, 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: