

Settlement Agency Referral Form

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

- ☐ Copy of passport or immi card
- ☐ Last visa grant notice
- ☐ Emails or letters received recently from the Department of Home Affairs or the Administrative Review Tribunal
- ☐ 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 last page)
- ☐ Any other information you would like us to review

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

Referrer

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

Client

PERSONAL DETAILS	
First name:	Surname:
Date of birth:	Gender: ☐ Male ☐ Female ☐ Other - please, specify:

CONTACT DETAILS	
Telephone:	Email address:
Is this someone else's number? ☐ Yes ☐ No	
Residential address:	Post code:
Homelessness status: ☐ Yes ☐ No ☐ At risk/couch-surfing ☐ Unknown	

Are there any safety issues and/or times to contact/not contact the client?



Other people we need to know about

List any other people related to the client's inquiry, including:

- People who have committed domestic violence against them
- Their partner and any dependent children who living with them in Australia
- Any ex-partner who is in Australia if they are divorced or separated
- Any other people included in their visa application

For family reunion assistance, please list all the people overseas that the client is wanting to sponsor/propose.

Full name	Date of birth	Relationship to you

Experiences of family and domestic violence

Please complete this section if the client has raised experiences of FDV in Australia. If they haven't, skip to Financial information below.

1. Is it your agency's opinion that the client has experienced FDV? ☐ Yes ☐ No
2. Has the client separated from the person using violence (PUV)?
☐ Yes (approximate date: _____) ☐ No
3. Is/was the PUV the client's visa sponsor? ☐ Yes ☐ No ☐ Unsure
4. Is there a child from the relationship? ☐ Yes ☐ No ☐ Unsure
5. Has the sponsoring partner died? ☐ Yes ☐ No ☐ Unsure

Financial information

This information is essential. Most of our services are means-tested	
Does the client live with a partner? ☐ Yes ☐ No ☐ Unsure	
Does the client work? ☐ Yes ☐ No ☐ Unsure	Does their partner work? ☐ Yes ☐ No ☐ Unsure
Does the client (and their partner) support any other people such as children? ☐ No ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	



What is their household's maximum weekly income (after tax)? ☐ No income ☐ Some income – how much? _____
How much does the client have in savings? _____ Are these funds available to them? ☐ Yes ☐ No
Do they have any other significant financial obligations or responsibilities? For example, medical expenses or debt repayments?

About client information

In ensuring that the client consents to you referring them to RAILS, please relay the following information to them:

- RAILS needs the information on this form so we can work out whether we can help them with their legal problem.
- We will keep the information secure and private.
- We will generally only share it with someone else if the client asks us to.
- We will also disclose it if the law or a court requires us to. This is rare but it might happen if they are at risk of imminent serious harm, to prevent a serious crime from happening or if they tell us a child is at risk of sexual abuse.
- We also share some of the information on this form with the bodies who fund us including the Queensland and Federal governments. The information is shared in a way that cannot identify individuals.

More details about how we handle prospective clients' information is available on our website.

**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 provider location) _____ office.

Signature of client: _____

Date: _____

AUTHORITY

I, _____ authorise the Refugee and Immigration Legal Service (RAILS) to provide information about my immigration matter, including relevant documents, my name and contact details to:

Authorised person full name (*required*):

Organisation (*optional*):

for the purpose of:

- obtaining information to progress my case and
- receiving updates about the legal assistance I obtain from RAILS

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

Signed: _____

Date: _____