sttars supporting survivors of torture & trauma

ARA Australian Refugee Association

ADELAIDE REFUGEES AND NEW ARRIVALS PROJECT

REFERRAL FORM

Date:____________________

Details of the person being referred:

Date of Birth_______________ Male ☐ Female ☐

Given Names: ____________________________ Family Name: __________________________________

Address: ____ Post code: _______________

Email Address: ____

Phone: __________________________________ Medicare Number ________________________________

Country of birth: _____________________________________ Ethnicity: _______________________

Preferred language: _________________ Interpreter required: ☐ Gender preference Male ☐ Female ☐

Date of Arrival: ______________ *(Note: this project is prioritised for people who have been in Australia for 5 years or (or, in exceptional circumstances, up to 10 years)*

Visa type: ☐ Citizen ☐ 200 (Refugee) ☐ 202 (humanitarian) ☐ 204 (women at risk) ☐ 100 (Spouse permanent) ☐ 309 (Spouse-temp) ☐ SHEV ☐ Bridging Visa ☐ Other: ______________________________

Referrer Details:

Referring Agency/ Organisation ____

Contact Person____

Role/Relationship____

Email ____

Telephone/Mobile______________________________

Consent:

Client has given consent to make this referral ☐

Client has given consent to be contacted directly by STTARS/ARA ☐

Client is under the age of 16 ☐ Parent/Guardian consent ☐

Health information: (Tick all that apply)

Client linked with a GP/Practice ☐ Name of GP: (if applicable) _______________________________________

☐ GP speaks the client's preferred language ☐ Client actively engaged ☐ Client has a disability ☐

Client has diagnosed medical condition ☐ Detail: ....

Current Medications: ____

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This program is funded by the Adelaide Primary Health Network – an Australian Government Initiative

Other Agency Involvement:

Agency/Program	Contact Person	Telephone/ Mobile	Email

Family and/or household members:

Given Names	Surname	DOB / Age	Arrival Date	M / F	Relationship to Client

Please describe the person's current situation:

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Please submit this referral form to ARANAP@sttars.org.au or aranapreferrals@ausref.net

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