Logo, company name

Description automatically generated

# **OPENING DOORS**

## Referral Form for CARAD Volunteer Support

CARAD Volunteer support is available to individuals and families from an asylum seeker, refugee or compelling humanitarian background.  Priority will be given to asylum seekers and refugees who arrived 5 years ago or less, however, CARAD will consider referrals for up to 10 years post arrival.

## Client’s Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Given Names: | | Surname: | | |
| Preferred pronouns   * he/him * she/her * they/them * other (please specify) | | Date of Birth:  Current school year level: | | |
| Parent/Guardian:    Parents’ English language level (please tick one)   * Nil * Poor * Adequate * Good | | Phone:  Email:  Preferred method of communication (please tick one)   * Call * Text * Email | | |
| Client’s address: | | | | |
| Country of Origin: | Date of Arrival in Australia: | | Ethnicity: | |
| **Visa Type \*:**  Expiry date:  *\*copy of visa grant notice to be provided with this email* | | | | |
| Language(s) Spoken: | Client’s spoken English level (please tick one)   * Nil * Poor * Adequate * Good * Interpreter required? YES / NO | | | |
| Type of support:   * Virtual (phone/zoom/email) * Face to face | | | | |
| **Reason for referral**.    **Does the client have other complex needs?**        **Are there any specific requirements/ control measures in place to manage risks or history that the volunteer should be aware of? (Please describe)**    **Does the client or their family require a specific gender of volunteer?**   * Male * Female * Not specified   **Preferred location for tutoring:**   * Home, * Library * Other (please describe)   **Location of volunteer support where risk assessment has been conducted.**   * School, * Library * Home   **Is the role?**   * short term (< 3 months) * longer term (>6 months to 12 months maximum) * weekly (permanent) * fortnightly (permanent) * casual (only as needed)     **Days and times available for volunteer support:** | | | |

|  |
| --- |
| **For School Based Referrals**  Has the teacher been made aware of this referral? Yes / No  Are they happy to be contacted by the client’s tutor for schoolwork inquiries? Yes / No  Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |

# **Referrer Details**

You can expect acknowledgement of this referral within 10 days.

The Referring Agency agrees:

* **a risk assessment** of the clients home has been conducted if that will be the location of support and will raise any concerns with CARAD volunteer coordinator prior to placement.
  + \*\*If this is a self-referral a risk assessment will be conducted by a CARAD staff member\*\*
* The risk assessment of the clients home has found it to be (Please circle)
  + High / extreme risk:
    - Do not visit the client - consider alternative arrangements.
  + Medium / significant risk:
    - Two staff to visit the client until further assessments demonstrate otherwise. No CARAD volunteer involvement.
  + Low risk:
    - Visit the client but always conduct a mini risk assessment immediately prior to entry.
* a copy of the risk assessment has been attached with this referral.
* they have reviewed the client eligibility for Opening Doors Support and provided supporting information and confirm they are not eligible for any other support in the community.
* they will **facilitate and be present** for the initial meeting of CARAD volunteer and client, where boundaries and expectations will be discussed.
* to provide continued support to the CARAD volunteer regarding the match with the client for the duration of support
* long term support will be for a 12-month period (which can be reviewed at the end of the period and an extension can be requested on a referral form via email)
* to communicate with CARAD Volunteer Coordinator regarding any feedback about the match as needed.
* to report any critical incidents to CARAD Volunteer Coordinator within appropriate timeframe (within 24 hours with an emergency and as soon as possible for other)
* to notify CARAD Volunteer and Volunteer Coordinator if the client needs are resolved or wishes to end the match.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name:  Phone number: | Organisation:  Email address: |
| Other workers/volunteers/organisations involved with client: | |
| **CONSENT** –  Has the client given informed consent?   * Yes * No   Can we contact the client directly?   * Yes * No | |

**Please send all referrals to**[**openingdoors@carad.org.au**](mailto:openingdoors@carad.org.au)