**Referral Form**

**Volunteer Support**

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 Details**

|  |  |
| --- | --- |
| Given Names: | Surname: |
| Date of Birth: | Gender: 🗆 Male 🗆 Female |
| Address: |
| Phone: | Mobile: | Email: |
| Country of Origin: | Date of Arrival in Australia: | Visa: |
| Ethnicity: | Language(s) Spoken: | Spoken English Level (please tick one)🗆 Nil 🗆 Poor 🗆 Adequate 🗆 Good |
| **Reason for Referral:****Time period (e.g. ongoing, short term):****Days and times available:** **Any Risks:** |

**Referrer Details**

CARAD requests the involvement of the referring agency by way of facilitating the initial meeting of client and volunteer.

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

**Please send all referrals to** **office@carad.org.au**

**You can expect acknowledgement of this referral within 10 days.**