Referral Form
Asylum Seeker (not in detention)

Foundation House
The Victorian Foundation for Survivors of Torture Inc.

Questions about completing this form? Telephone (03) 9389 8900
Please complete this form on screen, print it out and either:

- fax it to (03) 9277 7871
  OR
- post it to 4 Gardiner St, Brunswick VIC 3056

Please note:

- You MUST have the consent of the person you are referring before sending this form to Foundation House.
- You can use this form to refer multiple family members – see 'Referral of family members' section.
- Please complete as much information on this form as you can.
- A Foundation House worker will contact you within 5 working days after receipt of this form to discuss the referral.

Referrer

IS THERE A SUPPLIER LETTER? ☐ YES ☐ NO

DATE REFERRAL MADE (dd/mm/yyyy)	REFERRING AGENCY/ORGANISATION

WORKER NAME

STREET ADDRESS

SUBURB	STATE	POSTCODE

EMAIL

TELEPHONE	MOBILE	FAX

Consent

Does the person being referred consent to the referral? ☐ YES

Does the person being referred consent to being contacted directly by Foundation House? ☐ YES ☐ NO

If the person being referred is under 18 years of age, does their parent/guardian consent to the referral? ☐ YES ☐ NO

Person being referred

FAMILY NAME	GIVEN NAME/S

DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	GENDER
	☐ Female ☐ Male

STREET ADDRESS

SUBURB	STATE	POSTCODE

EMAIL

TELEPHONE	MOBILE

COUNTRY OF ORIGIN	ETHNICITY

PREFERRED LANGUAGE	INTERPRETER REQUIRED?	IF YES, GENDER PREFERENCE FOR INTERPRETER?
	☐ YES ☐ NO	☐ Female ☐ Male ☐ No preference

IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?

Referral of family members (attach additional pages if necessary)

Please note:

- You MUST have the consent from the family member/s you are referring before sending this form to Foundation House.
- A parent/guardian can consent on behalf of their child/ren.

FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?
FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?
FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?
FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?
FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?
FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?
FAMILY NAME	GIVEN NAME/S
DATE OF BIRTH (dd/mm/yyyy) – please estimate if exact date not known	RELATIONSHIP WITH THE PERSON BEING REFERRED (eg spouse, child, sibling)
DOES THE PERSON CONSENT TO THE REFERRAL? ☐ YES ☐ NO	IF THE PERSON ATTENDS SCHOOL, SCHOOL NAME?

Please note: all following questions are about the main person being referred (not family members)

IMMIGRATION OR BOAT ID	DOES THE PERSON BEING REFERRED HAVE WORK RIGHTS?	IF YES, DATE EFFECTIVE (dd/mm/yyyy)
	☐ YES ☐ NO	

WHAT SRSS BAND IS THE PERSON COVERED UNDER?

☐ BAND 1 ☐ BAND 2 ☐ BAND 3

☐ BAND 4 ☐ BAND 5 ☐ BAND 6 ☐ UNKNOWN

Migration processing status

DATE OF ARRIVAL IN AUSTRALIA (dd/mm/yyyy)	STATUS ON ARRIVAL
	☐ Authorised ☐ Unauthorised
BRIDGING VISA (BV) TYPE	BV EXPIRY DATE
HAS THE PERSON LODGED A PROTECTION VISA (PV) APPLICATION? ☐ YES ☐ NO IF NO, HAS THE PERSON BEEN INVITED TO LODGE A PV APPLICATION? ☐ YES ☐ NO	DATE PV APPLICATION LODGED (dd/mm/yyyy)

PV APPLICATION STAGE

☐ Pre- or at Stage 1 ☐ RRT/Review ☐ Post-RRT/Post-Review

LEGAL REPRESENTATIVE NAME	TELEPHONE

NOTES (attach additional pages if necessary)

Detention history in Australia (if known)

PLACE OF DETENTION	START DATE OF DETENTION	END DATE OF DETENTION
PLACE OF DETENTION	START DATE OF DETENTION	END DATE OF DETENTION
PLACE OF DETENTION	START DATE OF DETENTION	END DATE OF DETENTION

DATE RELEASED INTO COMMUNITY DETENTION (dd/mm/yyyy)

Health

DOES THE PERSON HAVE A MEDICARE CARD?			IS THE PERSON MEDICARE INELIGIBLE?
☐ YES	☐ NO	☐ NOT KNOWN	☐ YES ☐ NO
If no, date they can apply:			

GP/IHMS PROVIDER NAME

STREET ADDRESS

SUBURB	STATE	POSTCODE

EMAIL

TELEPHONE	MOBILE	FAX

PHYSICAL HEALTH (COMMENTS – attach additional pages if necessary)

PROFESSIONALS INVOLVED

MENTAL HEALTH (COMMENTS – attach additional pages if necessary)

PROFESSIONALS INVOLVED

CURRENT MEDICATIONS (attach additional pages if necessary)

Referral indicators for torture and other traumatic events

HAS THE PERSON BEING REFERRED (tick/click on those which apply):

- ☐ disclosed experience of torture or other traumatic events with or without prompting?
- ☐ disclosed injury/ies or pain which is/are the result of torture, sexual assault or other form of violence?

TORTURE AND TRAUMA EXPERIENCE (attach additional pages if necessary) A possible question to ask about torture and trauma: "Some people have had bad things happen to themselves and their families. Has anything happened to you or your family that is affecting the way you are feeling now?"

OBSERVATIONS: Tick/click on those which apply – no questions are required, you may observe these or the person may disclose them spontaneously.

ADULTS (only)

- ☐ Crying a lot
- ☐ Intense/persistent emotional distress
- ☐ Persistent lack of expression of positive emotions
- ☐ Aggressive behaviour or persistent anger
- ☐ Fears of going out or other fears
- ☐ Severe social withdrawal or appears uncommunicative
- ☐ Repeated expressions of hopelessness
- ☐ On alert for things going wrong
- ☐ Overreacting to noises etc in environment
- ☐ Peculiar appearance, behaviour or speech
- ☐ Alcohol or substance abuse
- ☐ Poor self care, household care
- ☐ Persistent physical ailments with no medical cause
- ☐ Not responding to needs of children, emotional distance
- ☐ Persistent and severe sleep difficulties
- ☐ Signs of family conflict
- ☐ Appears disoriented, incoherent or confused
- ☐ Expresses bizarre or illogical beliefs
- ☐ Expresses threat to harm self or others

CHILDREN and ADOLESCENTS

- ☐ Crying a lot
- ☐ Intense/persistent emotional distress
- ☐ Persistent lack of expression of positive emotions
- ☐ Aggressive behaviour or persistent anger
- ☐ Fears of going out or other fears
- ☐ Severe social withdrawal or appears uncommunicative
- ☐ Overreacting to noises in environment
- ☐ Peculiar appearance, behaviour or speech
- ☐ Risk taking behaviour
- ☐ Alcohol or substance abuse
- ☐ Expresses threat to harm self or others
- ☐ Sleep problems (too much or too little)
- ☐ Nightmares
- ☐ Re-enactment of a traumatic event in play
- ☐ Lots of worries
- ☐ Out of control behaviour
- ☐ Bed-wetting
- ☐ Frequent tantrums
- ☐ Not wanting to go to school or infrequent attendance
- ☐ Persistent headaches or other aches
- ☐ Failure to thrive
- ☐ Very clingy behaviour

OTHER COMMENTS ABOUT REASON FOR REFERRAL (attach additional pages if necessary)

ISSUES ALREADY ADDRESSED BY REFERRING WORKER (attach additional pages if necessary)

SUPPORTS

WHAT SUPPORTS DOES THE PERSON HAVE IN AUSTRALIA?

OTHER AGENCY INVOLVEMENT NOT PREVIOUSLY MENTIONED

AGENCY	CONTACT PERSON	TELEPHONE
AGENCY	CONTACT PERSON	TELEPHONE
AGENCY	CONTACT PERSON	TELEPHONE
AGENCY	CONTACT PERSON	TELEPHONE
AGENCY	CONTACT PERSON	TELEPHONE

COMMENTS: