## ICH Logo.JPGInala Community House

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Settlement Service  38 Sittella Street, InalaQld 4077  Phone: 07 32788436/33721711  Fax: 07 32787238  Email: sgp@ich.org.au | | | | | | | | | | | | | | | | |
| **Date of referral** | | | | | | | | | | **Proposed Date of Hand over:** | | | | | | |
| Referral Form | | | | | | | | | | | | | | | | |
| Clients name: | | | | | | | | | ***Marital status*** | | | | | | ***Dependents*** | |
|  | | | | | |  | |
| Date of Birth | | | |  | | | | | **Sex:** | | | | | | | |
|  | | | | | **M** | |  | | **F** | | |  |
|  | | | | | | | | | Phone: | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Country of Birth |  | | |  | |  | | | Country of Refuge | | | | |  | | |
| Time in Refugee Camp | | | | |  | | |
| Occupation: | **Student** | | |  | | |  | | Arrival in Australia | | | | |  | | |
| **Is this client exiting HSS? No**  **What main settlement activities have the client been participating in**   |  | | --- | |  | |  | |  | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Main settlement barriers and extent to which these barriers are addressed**   |  | | --- | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | | | | |
| |  | | --- | |  | |  | |  | |  | | | | | | | | | | | | | | | | | |
| **Does client require interpreter:** | | Yes | |  | **If yes, what Languages:** | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **Referring Agency: Access Community Services Ltd** | | | | | | | | | | | | | | | | |
| **Name of Referring officer** | | |  | | | | | | | Contact: | | | | | | |
| Email address: | | | | | | | | | | | | | | | | |