**Referral Form**

**Detention Visiting**

**Client Details**

|  |  |
| --- | --- |
| Given Names: | Surname: |
| Date of Birth: | Gender: 🗆 Male 🗆 Female |
| Place of Detention (include name of compound): |
| Mobile: | Email: | Date of Arrival in Australia: |
| Country of Origin: | Ethnicity: | DIBP Reference Number:Boat ID: |
| Language(s) Spoken: | Spoken English Level (please tick one)🗆 Nil 🗆 Poor 🗆 Adequate 🗆 Good | Interpreter Required:🗆 Yes 🗆 No  |
| Reason for Referral: |

**Referrer Details**

|  |  |
| --- | --- |
| Name: | Organisation : |
| Phone: | Email: |
| DIBP Case Worker Details: |
| Other workers/volunteers/organisations involved with client: |
| **CONSENT:** Client consents for this referral to take place and for CARAD to exchange any necessary information for the purpose of advocacy with relevant persons or agencies, including DIBP, Serco, lawyers, Migration Agents and other professionals.**Signature of Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

**Thank you for your referral. You can expect a response to this referral within seven days.**