

Client Referral Form - External Agency Use

Settlement Engagement and Transition Support, Multicultural Australia

Please email referrals to teamleaderCSS@multiculturalaustralia.org.au

If you would like to discuss details of the referral prior to sending, please contact us on 3337 5400 and ask to speak with a Team Leader, SETS.

Multicultural Australia SETS locations include: Brisbane East, Brisbane North, Brisbane South (not including Inala, Forest Lake, Oxley), Brisbane West, Brisbane Inner City, Darling Downs - Maranoa, Fitzroy, Moreton Bay North, Moreton Bay South, Sunshine Coast, Toowoomba & Wide Bay.

Items marked with an asterisk (*) are required. Other information is preferable le but not required if unavailable.

Details of Deferming Comics	
Details of Referring Service *Referral Date: *	Organisation:
Relettal Date.	Organisation.
*Worker's Name:	Contact Details:
*Are you providing ongoing support?	□ YES □ NO
*Client is aware of and consents to the referral: YES NO	
Client Details	
*Name:	*Gender:
*Date of birth:	*Phone:
Address:	
*Visa Type:	Visa / ImmiCard attached?□ YES □ NO
*Country of birth:	*Date of arrival:
Ethnicity:	*Language/s spoken:
Religion:	*Interpreter required? YES NO
Family Composition:	
Are there family members aged 12 – 24? YES NO School/s children attend:	
We can refer youth aged 12 – 24 to our Youth Team for additional support. Request referral?	
□YES □ NO *If yes, please provide young people's names:	
Would anyone in the family like a referral to Economic Inclusion for employment support?	
☐ YES ☒ NO *If yes, please provide the relevant names:	
Reason for Referral	
Please provide as much detail as possible regarding presenting needs or goals, what support the client is seeking from Multicultural	
Australia and any other services currently supporting the client. If urgent support is required, please note this and outline the details below.	
Worker's Signature:	Date: