AUSTRALIAN REFUGEES AND NEW ARRIVALS PROJECT
REFERRAL FORM

Please email completed forms to
ARANAP@sttars.org.au

Date of Referral_____

Primary person being referred

Date of Birth_____ Male ☐ Female ☐

Given Names: _____ Family Name: _____

Address: _____ Post code: _____

Email Address: _____

Phone: _____ Medicare Number _____

Country of birth: _____ Ethnicity: _____

Preferred language: _____ Interpreter required: ☐ Gender preference Male ☐ Female ☐

Date of Arrival: _____ (*Note: this project is for clients who have been in Australian less than 5 years*)

Visa type: ☐ Citizen ☐ 200 (Refugee) ☐ 202 (humanitarian) ☐ 204 (women at risk) ☐ 100 (Spouse permanent)
☐ 309 (Spouse-temp) ☐ SHEV ☐ Bridging Visa ☐ Other: _____

Support/Settlement Program (if applicable)

☐ SRSS ☐ HSS ☐ SGP

Consent

Client has given consent to make this referral ☐ Client has given consent to be contacted directly by STTARS/ARA ☐

Client is under the age of 16 ☐ Parent/Guardian consent ☐

Referrer Details

Referring Agency/ Organisation _____

Contact Person_____ Role/ Relationship_____

Email _____ Telephone/Mobile_____

Living Arrangements Lives Alone ☐ Lives with family ☐ Lives with others ☐

No of People living in the Residence _____

Health information: (Tick all that apply)

Client linked with a GP/Practice ☐ GP speaks the client's preferred language ☐

Client has a disability ☐ Client has diagnosed medical condition ☐

Detail: _____

Current Medications: _____

Other Agency Involvement

Agency/Program	Contact Person	Telephone/ Mobile	Email

This program is funded by the Adelaide Primary Health Network – an Australian Government Initiative

Family & Household Members

Given Names	Surname	DOB / Age	Arrival Date	M / F	Relationship to Client	For Family Referral

Other comments_____

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FOR OFFICE USE ONLY

STTARS Client Identifier: ..... ARA Client Identifier: .....

Triage undertaken by RHN: Yes / No Date Completed: _____

Outcome:

☐ Assessment completed ☐ Further Assessment needed ☐ Support Plan Developed

☐ Referred on to ARA/BBW Allocated BBW: _____

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