



PILBARA COMMUNITY LEGAL SERVICE INC.

CLIENT REFERRAL FORM

Date _____

From (Referring Agency):	Phone:
Referrer's Name/Position/Signature:	Is the client aware of referral and agreeable to it? Yes No

Service required: (Please tick the relevant boxes)

- Tenancy
- Financial Counselling
- Redress
- Legal
- Domestic Violence
- Other

Client's Information

Surname: _____ Given Name: _____

Date of Birth: _____/_____/_____ Country of Birth: _____

Address: _____

Home: _____ Work: _____ Mob: _____

Ethnicity (please circle): Aboriginal CALD Other

Does the client have any Children (please circle): Yes No

Child/ren names and Date/s of birth (e.g. Name DOB (dd/mm/yyyy), Name DOB, Name DOB...):

Does the client have any Disabilities?(please circle): Yes No

If Yes, please specify: _____

Supporting Information (reason for referral):

Name/s of Other Party(s) or who the issue/enquiry involves

Please email all Karratha and Roebourne referrals to admink2@pcls.net.au and admink@pcls.net.au.
 Please email all Hedland and Newman referrals to adminsh@pcls.net.au and adminsh2@pcls.net.au