PILBARA COMMUNITY LEGAL SERVICE INC.

Empowering the people of the Pilbara to manage their lives effectively

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
- ☐ 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

_____

_____

Karratha Office	South Hedland Office	Roebourne Office	Newman Office
Phone: 08 9185 5899	Phone: 08 9140 1613	Phone: 08 9182 1169	Phone: 9175 0148
Fax: 08 9185 6633	Fax: 08 9172 2333	Fax: 08 9182 1180	Fax: 08 9175 5298

lotterywest

shire of ROEBOURNE Karratha Powerhouse of the Pilbara