Pilbara Community Legal Service Inc.

Date_____

CLIENT REFERRAL FORM

From (Referring Agency/ Referrers Name):	
Phone:	Is the client aware of referral and agreeable to it? ☐ Yes ☐ No

Service required: (Please tick the relevant boxes)

- ☐ Tenancy Advocate
- ☐ Financial Counselling
- ☐ Legal
- ☐ Housing Support
- ☐ Redress Support
- ☐ Domestic Violence
- ☐ Migrant Services

Client's Information

Surname:_____ First Name:_____

Date of Birth:_____/_____/_____Country of Birth: _____

Address:_____

Mob:_____Email:_____

Ethnicity: ☐ Aboriginal ☐ CALD ☐ Other

Annual salary (must be included):

☐ $0 - $40,000 ☐ $40,000 - $80,000 ☐ $80,000 - $100,000 ☐ $100,000+

Child/ren names and Date/s of birth

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

If Yes, please specify: _____

Supporting Information (reason for referral):

Name/s and DOB of other party/s or related party/s (ie ex-partner):

Please note: Referrals are that missing details of other parties, if applicable to the matter, will NOT be accepted.

Please email your completed form to: **admin@pcls.net.au**