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|  | **ASeTTS Referral Form**  **ASSOCIATION FOR SERVICES TO TORTURE & TRAUMA SURVIVORS** | Please send this form by email ([referral@asetts.org.au](mailto:referral@asetts.org.au)) or fax (08 9227 2777) to ASeTTS.  Note: ASeTTS is not a crisis service. If a client needs urgent aid, contact Lifeline (13 11 14). |

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| **REFERRAL GUIDELINES** |  | |
| * **Refugee-like background** - person left their country of origin due to fear or actual persecution on the basis of race, nationality, ethnicity, religion, sexuality, political or other affiliations. * **Torture and trauma experiences** – person has been affected by trauma, including violent conflict, imprisonment, torture, multiple losses, forced migration and family separation. * **Trauma-related psychosocial symptoms** – including, intrusive memories, difficulties sleeping or concentrating, negative moods or emotions, relationship difficulties and hyper-vigilance. | |  |

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|  | Date of Referral: |  |

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| **CLIENT DETAILS** | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | Given Name/s: | | |  | | | | | D.O.B.: |  | | |
| Gender: | | Female  Male  Other | | | | | | Marital status: | |  | | | | | | No. Children: | | |  |
| Address: | |  | | | | | | | Suburb: | | | |  | | | Postcode: | |  | |
| Phone: |  | | | | Mobile: | |  | | Email: | | |  | | | | | | | |
| Interpreter needed: | | | | Yes  No  Unsure | | | | | Preferred Language/s: | | | | | |  | | | | |
| **Does the client have a ‘refugee-like background’:** | | | | | | | | | | | | | | | Yes  No  Unsure | | | | |
| Residential Status:  Aus. Citizen  Permanent Res.  Temp. Humanitarian Visa  Asylum Seeker  Other | | | | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | | | Date of Arrival: | | | | | | | | Visa Subclass: | | | | | |
| Settlement or Asylum Seeker Service Agency (if app.): | | | | | | | | | | | | | | | | | | | |

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| **REFERRER DETAILS** | | | | | | | | | | |
| Name: | |  | | | Organisation: | | |  | | |
| Address: | |  | | | Suburb: | |  | | Postcode: |  |
| Phone: |  | | Mobile: |  | Email: |  | | | | |

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| **REASON FOR REFERRAL** |
| Describe: |

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| **SERVICE RECOMMENDATION** | | | | | |
|  | Individual Counselling |  | Youth Counselling |  | Family Counselling |
|  | Community & Social Group |  | Other: |  | Other: |

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| **CLIENT CONSENT & HELP-SEEKING** | | |
| Has the client or their guardian given consent to be contacted by ASeTTS? | Yes | No |

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| **ELIGIBILITY OF CLIENT** | | | | | | | |
| **Has the client experienced or witnessed torture and/or trauma:** | | | | Yes  No  Unsure | | | |
| Describe: | | | | | | | |
| **Does the client have trauma-related stress symptoms:** | | | | | | Yes  No  Unsure | |
|  | Feeling sad and/or hopeless |  | Feeling angry and/or irritable | |  | | Feeling afraid and/or anxious |
|  | Difficulty sleeping |  | Difficulty concentrating | |  | | Unpleasant memories |
|  | Social isolation or avoidance |  | Body pain and/or fatigue | |  | | Other: |
| Describe other symptoms: | | | | | | | |

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| **PARENT/CARER DETAILS (if client is below 15 years of age)** | | | | | | | | | | |
| Name: |  | | | | Relationship: | | |  | | |
| Address: | |  | | | Suburb: | |  | | Postcode: |  |
| Phone: |  | | Mobile: |  | Email: |  | | | | |

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| **ADDITIONAL INFORMATION** | |
| **Does the client have mental health or cognitive issues:** | Yes  No  Unsure |
| Describe: | |
| **Does the client have physical health or disability issues:** | Yes  No  Unsure |
| Describe: | |
| **Does the client have settlement Issues:** | Yes  No  Unsure |
| Describe: | |
| **Are there any relevant risk or protection issues:** | Yes  No  Unsure |
| Describe: | |
| **Other relevant information (incl. additional service providers):** | Yes  No  Unsure |
| Describe: | |

**Thank you for referring to ASeTTS. You can expect a response within ten (10) days.**

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| **ASeTTS OFFICE USE ONLY** | | | | | |
| Date received: |  | Received by: |  | CRM No. (if app.) |  |
| Date reviewed: |  | Reviewed by: |  | Added to CRM: |  |
| Review outcome: | Accepted  Not Accepted | | | Authorised by |  |
| Review notes: | | | | | |