Melaleuca Refugee Centre

Service Referral & Registration Form

melaleuca REFUGEE CENTRE
Torture and Trauma Survivors Service of the NT Inc.

Program being referred to *(tick one or more that apply):*

- ☐ Humanitarian Settlement Program
- ☐ Youth Services
- ☐ Refugee Health Services
- ☐ Settlement Engagement & Transition Support (SETS)
- ☐ Employment Services
- ☐ Family and Child Development Services
- ☐ Counselling Services
- ☐ Other Services (specify): _____

Please email referrals to referral@melaleuca.org.au

1. CLIENT DETAILS			
Family name:			
Given names:			
Gender:	☐ M ☐ F ☐ Undisclosed		
Date of birth:			
Marital status:	☐ Single ☐ Married ☐ Partnered		
Address:			
Telephone:		Mobile:	
Country of origin:		Date of arrival:	
Ethnicity:			
Preferred language/s:			
Interpreter required:	☐ Yes ☐ No		
Disability:	☐ Yes ☐ No Type of disability:		
Migration status:	☐ Humanitarian ☐ Migrant ☐ Other (specify):		

Is there consent (or guardian consent if the client <18) for MRC to contact client?	☐ Yes ☐ No

FOR CLIENTS UNDER 18 YEARS OF AGE PARENT/ GUARDIAN DETAILS:	
Name:	
Phone:	
Address:	
Consent to service:	☐ Yes ☐ No
If the client is under 18 do they give permission to contact their family?	☐ Yes ☐ No

EMERGENCY CONTACT DETAILS (IF KNOWN)	
Emergency contact:	
Phone:	
Relationship:	

2. REFERRAL DETAILS			
Date:			
Referring organisation/ self:			
Name of worker:			
Address:			
Telephone:		Mobile:	
Email:			

Additional comments, what is/ are the outcomes expected from this referral:

3. OTHER SUPPORTS/ AGENCIES INVOLVEMENT (IN THE LAST 12 MONTHS)	
Name of Support/ Agency: (e.g. NDIS provider etc)	
Contact person:	
Contact details:	
Comments:	

Name of Support / Agency:	
Contact person:	
Contact details:	
Comments:	

TO BE COMPLETED BY MELALEUCA SERVICES STAFF	
Referral received on:	
Referral received by:	
Allocated to program/s:	
Allocated worker:	

Comments:
