women's law centre

REFERRAL FORM

REFERRING ORGANISATION	
Contact person	
Address	
Phone / Email	

☐ **I confirm I have obtained the client's permission to provide her personal information to WLCWA**

CLIENT INFORMATION

Family name		First name		Other names	
DOB				Gender	Female
Address					**Safe to mail** ☐ **Safe to phone** ☐
Phone	Mobile		Other		
Email					
Notes					

CLIENT DETAILS

Indigenous status	Aboriginal ☐		Torres Strait Islander ☐	Neither ☐	
Country of birth	Australia ☐	Other		Year of arrival	
Main language	English ☐	Other		Interpreter required	Yes ☐ No ☐
Employment status	Employed ☐	Unemployed ☐	Retired ☐	Other	
Disability status	Yes ☐ No ☐	Disability type	(1)	(2)	
Relationship status	Separated ☐	Divorced ☐	Never married ☐	Married/Defacto ☐	Widowed ☐

Family violence indicator	Yes ☐	No ☐	Not stated ☐	N/A ☐
Homelessness indicator	Yes ☐	No ☐	Not stated ☐	N/A ☐
Financial disadvantage indicator	Yes ☐ - Cannot access funds	Yes ☐ - Centrelink benefit	No ☐	N/A ☐
	Yes ☐ - Other			

ABN: 44 551 144 230

PHONE	9272 8800	FAX	9272 8866	FREE	1800 625 122	EMAIL	info@wlcwa.org.au	WLC gratefully accepts donations. Donations over $2 are tax deductable.
FAX	PO Box 3182 East Perth WA 6892			STREET	445 Hay Street Perth WA 6000	WEB	www.wlcwa.org.au	The Women's Law Centre of Western Australia Inc is funded by the Commonwealth Attorney General's Department

DEPENDENT CHILDREN

Number of dependent children		Number of other dependents		
Dependent name			DOB	Abl/TSI
				☐
				☐
				☐
				☐
				☐

ADDITIONAL PARTIES

Name		DOB	
Address		Phone	
Relationship to client			
Name		DOB	
Address		Phone	
Relationship to client			
Name		DOB	
Address		Phone	
Relationship to client			

ISSUE DETAILS

☐ Parenting Orders	☐ Care and Protection
☐ Violence Restraining Order	☐ Criminal Injuries Compensation
☐ Other:	

Has the client previously seen a lawyer about this issue or lodged any previous applications? (provide details)

Summary of the Issue(s): (briefly explain the situation the client is in and what assistance they require)