



Referring Organisation's Details	
Family Name:	First Name:
Organisation:	
Contact Number:	
Email:	
<input type="checkbox"/> I confirm I have obtained the client's permission to provide their personal information to Great Southern Community Legal Services.	
Signature:	Date:

Which Program are you referring to (tick all that apply)?	
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Family Safety Project (Specialist FDV Services)
<input type="checkbox"/> Disability Advocacy	<input type="checkbox"/> Tenant Advocacy
<input type="checkbox"/> Unsure	

Client's Details (provide as much information as known)	
Family Name:	Given Name(s):
Address:	
Postcode:	
Contact Number(s):	
Safety Assessment - Is the client	
<input type="checkbox"/> Safe to Telephone	<input type="checkbox"/> Safe to SMS
<input type="checkbox"/> Safe to leave voicemail	<input type="checkbox"/> Other -
Date of Birth:	Average Income:
Disability Type(s):	
Names and Dates of Birth of any Children:	

1. Other Party's Details (provide as much information as known) (room for more OP details on next page)	
Family Name:	Given Name(s):
Address:	
Postcode:	
Contact Number:	Date of Birth:
Relationship to Client:	





2. Other Party's Details (provide as much information as known)	
Family Name:	Given Name(s):
Address:	
Postcode:	
Contact Number:	Date of Birth:
Relationship to Client:	

3. Additional Party's Details (eg Carer or Family Member)	
Family Name:	Given Name(s):
Address:	
Postcode:	
Contact Number:	Date of Birth:
Relationship to Client:	

What agencies are assisting the Client (list all agencies and contact persons, if known)	
Agency	Contact Person

Where more people or agencies are involved please attach additional pages as required with known information.

Client requires assistance with -	
<input type="checkbox"/> Cars & Driving	<input type="checkbox"/> Child Protection
<input type="checkbox"/> Criminal Injuries Compensation	<input type="checkbox"/> Family Law – Parenting Matters
<input type="checkbox"/> Family Law – Property Matters	<input type="checkbox"/> Family Violence
<input type="checkbox"/> Managing Your Affairs – Wills & Enduring Powers	<input type="checkbox"/> Managing Your Affairs – Deceased Estate
<input type="checkbox"/> Managing Your Affairs - Early Access to Super	<input type="checkbox"/> Your Home – Tenancy Issues
<input type="checkbox"/> Centrelink	<input type="checkbox"/> NDIS
<input type="checkbox"/> Assisting with Complaints	<input type="checkbox"/> Financial Issues
<input type="checkbox"/> Administration / Guardianship Orders	<input type="checkbox"/> Housing & Accommodation
<input type="checkbox"/> Legal Processes	<input type="checkbox"/> Education
<input type="checkbox"/> Health	
<input type="checkbox"/> Other:	





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

Are you aware of any deadlines or Court or Tribunal matters? (provide details)

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

Please send completed referral form to referrals@gscls.com.au

