

REFERRAL TO WOMEN'S LEGAL SERVICE TASMANIA

Forward completed form to either:

admin@womenslegaltas.org.au

OR

burnie@womenslegaltas.org.au

Referring Agency

Agency
Location
Referring Staff member's Name
Phone Number
Email

Client Details

Client Name (including any alias)			
Client Address	Suburb	Post Code	
Client Phone Number	Is it safe to leave a message stating WLST called	YES	NO
* Please advise client the call will come from a Private/Blocked Number*			
Client Date of Birth			
Is an interpreter required?	YES	Which language?	
Is the client eligible for Legal Aid?	YES	NO	

Other Party Details

Name	
Date of Birth	Relationship to Client
Address	

Client Authority

Has authorisation been obtained to provide client details to WLST?	YES	NO	Referring Staff Member's Signature
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Reason for Referral

SIGNED