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| **REFERRAL TO WOMEN’S LEGAL SERVICE TASMANIA** |  |
| **Forward completed form to either:** | **admin@womenslegaltas.org.au** | **OR** | **burnie@womenslegaltas.org.au** |  |

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| **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** |  |  |
| **Reason for Referral** |
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|  | **SIGNED** |  |