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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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