SVDP Settlement Service
ABN: 14 211 506 904

7/5 Smiths Road, Goodna, 4300
PO Box 56, Goodna 4300
Tel: 3381 4500 Fax: 3381 4599
Email: simon.mulangan@svdpqld.org.au

Website: www.vinnies.org.au
Donation Hotline: 13 18 12

St Vincent de Paul Society QUEENSLAND *good works*

ST VINCENT DE PAUL SETTLEMENT SERVICE REFERRAL FORM

Please email, fax or post completed form to our Goodna office.

OFFICE USE ONLY

Referral type: ☐ Phone ☐ Fax ☐ Email ☐ In person ☐ Other

Worker assigned: _____ Client code: _____

Reporting Period: ☐ 1 ☐ 2 Entered into DX: ☐

A. REFERRER DETAILS

Date of referral		Person making referral	
Organisation			
Address			
Phone number		Fax number	
Reason for referral	☐ SETTLEMENT SUPPORT ☐ HOUSING SUPPORT		
Are you providing on-going support?	☐ YES ☐ NO		
Referrer signature			

B. APPLICANT DETAILS

Has consent been obtained from the applicant?	☐ YES ☐ NO		
Applicant signature			
First name		Family name	
Date of birth		Gender	
Address		Postcode:	
Phone number		Mobile	
Marital status	☐ Never married ☐ Married ☐ De Facto ☐ Separated ☐ Divorced ☐ Widowed		
Name of spouse		Number of children	
Country of birth		Ethnicity	
Interpreter required	☐ YES ☐ NO	Applicant's first language	

C. ELIGIBILITY	
Applicant type	☐ Humanitarian Entrant ☐ Family Stream Entrant
Visa sub-class	☐ 200 ☐ 202 ☐ 203 ☐ 204 ☐ Other
Date of arrival in Australia	

D. REASON FOR REFERRAL – please attach a copy of the applicant's travel document if available.
– please provide details of any other services currently assisting the applicant.

OFFICE USE ONLY

Applicant review date: / / Reviewer: _____

Applicant eligible: ☐ YES ☐ NO Referral accepted: ☐ YES ☐ NO

Reason declined:

Referrer notified: ☐ YES ☐ NO Date notified: / / Notified by: ☐ Phone ☐ Email