



SETTLEMENT SERVICE REFERRAL FORM

Please email completed form to settlementservices@svdpqld.org.au

SECTION 1: REFERRER DETAILS

Date of Referral	
Name of Referrer	
Referring Organisation	
Phone Number	
Email Address	

Reason for Referral

General Settlement Support

Housing Settlement Support

Is the referrer providing ongoing support?

Yes

No

Please provide details of ongoing support:

SECTION 2: ELIGIBILITY

Visa Type

Humanitarian Entrant

Family Stream Entrant

Visa Sub Class

100

101

200

202

204

Other

Date of arrival in Australia

N.B: Must be less than 5 years for SETS eligibility

According to current SETS funding requirements, clients must reside in the following locations:

Augustine Heights	Collingwood Park	Forest Lake	Oxley	Springfield Central
Bellbird Park	Darra	Gailes	Redbank	Springfield Lakes
Brookwater	Doolandella	Goodna	Redbank Plains	Sumner
Camira	Durack	Inala	Richlands	Wacol
Carole Park	Ellen Grove	New Chum	Springfield	Willawong



SECTION 3: CLIENT DETAILS

Given Name/s

Family Name/s

Date of Birth

Gender

Phone Number

Address

Country of Birth

Ethnicity/ Ancestry

Has consent been obtained from the client for this referral?

 Yes

 No

If the client is under 18, has consent been obtained from their Parent/ Guardian?

 Yes

 No

 N/A

Does the client require an interpreter?

 Yes

 No

Language/s

SECTION 4: FAMILY MEMBER/ PARENT GUARDIAN DETAILS

Given Name/s	Family Name/s	Date of Birth	Gender	Relationship to Primary Client	Does this person also require settlement support?



SECTION 5: REASON FOR REFERRAL

Please attach a copy of any travel documents available.
Please provide details of any other services assisting the applicant.

SECTION 6: OFFICE USE ONLY

Review Date

Reviewer

Case Worker