

Settlement and Youth Services – Referral Form

PERSONAL DETAILS (*Essential information to obtain/check for accuracy and currency)			
Full Name*		Disability*	Yes Maybe No
Street address*		Postcode*	
Suburb*		Gender*	
Email*		DOB *	
Country of birth*		Mobile*	
Main Language*		Second Ph*	
Ethnicity*		Interpreter*	
Licence No., Expiry		Licence	No L1 L2 L P F
Religion*	OR prefer not to say	Job Active	
ELIGIBILITY			
Visa Type*			
Date of Arrival*			
PRESENTING ISSUE			
CONSENT			

I consent to MRC Tas using and releasing my personal and information to:

- help me with the settlement issues I present (e.g. speaking with a relevant service and releasing my personal information, or asking them to share relevant information)
- contact me about services or events (e.g. invitation to a workshop)
- ask for feedback on services and settlement outcomes (e.g. a consultation)

I understand that

- MRC Tas uses de-identified information to report activities to funders
- Confidentiality will be breached to manage a serious risk of harm to self/ others
- I can stop using the service, end this consent, or make a complaint at any time by emailing settlementandmyreferral@mrctas.org.au or phoning 03 6221 0999 (interpreter TIS 131 450)

Signature		Date	
TIS #		Worker	

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