Catholic Care Social Services Hunter-Manning
DIOCESE OF MAITLAND-NEWCASTLE

Refugee Hub Referral

Phone
02 4979 1120

Email
refugeehub@catholiccare.org.au

Referrer Details

Referral Date: _____ Referring Service: _____

Referrer Contact: _____ Contact Number: _____

Has the person consented to the referral and are expecting to be contacted to make an appointment? ☐ Yes ☐ No

Has parent/carer consent been provided for person under 16 years of age? ☐ Yes ☐ No

Client Details

Name: _____ DOB: _____

Address: _____ Phone Number: _____

Gender: ☐ Male ☐ Female ☐ Intersex/Indeterminate ☐ Prefer not to say

Country of birth: _____ Ethnicity: _____

Religion: _____

Language spoken at home: _____ Interpreter required: ☐ Yes ☐ No

Date of arrival to Australia: _____

Residential status/Visa: ☐ Australian Citizen ☐ Permanent resident ☐ Temporary Visa

Physical health issues/disability:

Referral Information

Reason for referral/presenting issues:

Relevant background information:

Any involvement in legal matters:

☐ Yes ☐ No

Known issues of risk:

(e.g. Alcohol or substance use, harm to self or others, domestic violence, aggressive behaviour)

Support Services

Other support services involved?
(e.g. GP, Employment Agency, Allied Health) ☐ Yes ☐ No

Name of Agency/Service	Worker Name	Contact details

Additional information

Please email this referral to refugeehub@catholiccare.org.au