Queensland Indigenous Family Violence Legal Service

Referral to Queensland Indigenous Family Violence Legal Service

Assistance with:
☐ Child Protection ☐ Sexual Assault ☐ Domestic Violence ☐ Minor Civil Law ☐ Family Law ☐ Victim Assist ☐ Other: _____ *Tick more than one box if applicable.*

Client Details							
First Name:				**Middle Name:**			
Surname:				**Previous or other Name:**			
Date of Birth:		☐ Unknown		**Gender:**	☐ Female ☐ Male ☐ Other		
Cultural Identity:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither						
Home Address:				**Postal Address: / or ☐ The same as Home Address**			
Number and Street:				**PO Box or No. and Street:**			
Town:				**Town:**			
State:		**Postcode:**		**State:**		**Postcode:**	
☐ Safe to send documents to this address				☐ Safe to send documents to this address			

Contact Details:			
Home Phone:		**Mobile:**	
Work:		**Email:**	
Other:		☐ Safe to contact client using these numbers and/or email.	

Other Party Details:			
The other person/people involved in the proceeding. e.g. Other parent/s; Grandparents.			
Person One:			
Full Name:		**Previous or Other Names:**	
Date of Birth		**Gender:**	☐ M ☐ F ☐ Other
Address:			
Contact Phone:		**Relationship to client:**	

HEAD OFFICE
PO Box 4628
Lvl 1, Ste 5, 101-111 Spence St
Cairns QLD 4870
P: 07 4045 7500
F: 07 4027 1728

FAR NORTH QLD
PO Box 4643
Lvl 2, 101-111 Spence St
Cairns QLD 4870
P: 07 4030 0400
F: 07 4027 9430

NORTH QLD
PO Box 2005
Lvl 2, 61-73 Sturt St
Townsville QLD 4810
P: 07 4721 0600
F: 07 4764 5171

CENTRAL QLD
PO Box 690
Lvl 2A 130 Victoria Pde
Rockhampton QLD 4700
P: 07 4927 6453
F: 07 4807 6162

BRISBANE
PO Box 126
201 Wickham Tce
Spring Hill QLD 4004
P: 07 3839 6857
F: 07 3319 6250

GULF & WEST QLD
PO Box 3073
19 Isa St
Mount Isa QLD 4825
P: 07 4749 5944
F: 07 4749 5955

Person Two:			
Full Name:		**Previous or Other Names:**	
Date of Birth:		**Gender:**	☐ M ☐ F ☐ Other
Address:			
Contact Phone:		**Relationship to client:**	

Background Information – Why does the client need our assistance?

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NOTE: If you are referring the client for **Child Protection, Family Law, or Domestic Violence matters** we ask that you please provide the following information:

Children's Details:				
Full Name	**Date of Birth**	**Gender**	**Mother's Full Name**	**Father's Full Name**
		☐ M ☐ F ☐ Other		
		☐ M ☐ F ☐ Other		
		☐ M ☐ F ☐ Other		
		☐ M ☐ F ☐ Other		
		☐ M ☐ F ☐ Other		
		☐ M ☐ F ☐ Other		
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Referral To Queensland Indigenous Family Violence Legal Service Consent to Release Information

I, _____ authorise the Referrer to disclose the requested
(Client's Full Name)
information on this form and in any attached material to the staff of Queensland Indigenous Family Violence Legal Service (QIFVLS) for the purpose of assessing my eligibility for assistance.

Signature of Client:		**Date:**	
Signature of Referrer:		**Date:**	

Referrer Details:			
Employee Name:		**Position:**	
Organisation:			
Phone:		**Date of Referral:**	

☐ Additional Information Attached:

☐ Submitted via email to help@qifvls.com.au

PLEASE NOTE: This is our preferred method of receiving referrals.

☐ Submitted via fax transmission to:

☐ BRISBANE OFFICE (07) 3319 6250

☐ CAIRNS OFFICE (07) 4027 9430

☐ MT ISA OFFICE (07) 4749 5955

☐ ROCKHAMPTON (07) 4807 6162

☐ TOWNSVILLE OFFICE (07) 4764 5171

THANK YOU FOR REFERRING TO THE QUEENSLAND INDIGENOUS FAMILY VIOLENCE LEGAL SERVICE. YOUR CONTINUED SUPPORT IS APPRECIATED

HEAD OFFICE	FAR NORTH QLD	NORTH QLD	CENTRAL QLD	BRISBANE	GULF & WEST QLD
PO Box 4628	PO Box 4643	PO Box 2005	PO Box 690	PO Box 126	PO Box 3073
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