

Western Sydney MRC's referral form has been designed to simplify the process and make it easier for you to provide us with the necessary information. We value your time and effort and appreciate your willingness to refer clients to us. Please complete the form below to ensure a smooth and seamless process. Thank you for your continued support.  
**All information on this form is strictly confidential, and is to be completed by the referring agency.**

Date of referral

**SECTION ONE : CLIENT DETAILS**

First Name

Surname

Date of Birth  Gender

Suburb of residence  Postcode

Home Phone  Mobile

Email

Country of Birth  Interpreter required? Yes  No

Languages Spoken

Date of arrival to Australia (if relevant)  Visa Subclass number

**SECTION TWO : INFORMATION ABOUT THE CLIENTS' SITUATION AND NEEDS**

Please provide an overview of the clients' current situation and the current area of need or focus and overarching need for referral.

Is there any information about the support needs that should be handled with sensitivity?

- |   |   |
|---|---|
| <input type="checkbox"/> Mental health issues (depression, anxiety, trauma) | <input type="checkbox"/> Health and medical conditions such as terminal illnesses |
| <input type="checkbox"/> Family Domestic Violence                           | <input type="checkbox"/> Childhood abuse and neglect                              |
| <input type="checkbox"/> Substance abuse and addiction                      | <input type="checkbox"/> Sexual orientation and gender identity issues            |
| <input type="checkbox"/> Sexual assault and abuse                           | <input type="checkbox"/> Racism, discrimination, and prejudice                    |
| <input type="checkbox"/> Homelessness and housing insecurity                | <input type="checkbox"/> Economic hardship and poverty.                           |

Do you have any insight into services the client may be interested in?

- |   |  |
|---|--|
| <input type="checkbox"/> Newly arrived services and support | <input type="checkbox"/> Employment            |
| <input type="checkbox"/> Social Groups                      | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Financial Crisis/Resilience        | <input type="checkbox"/> Driving               |
| <input type="checkbox"/> Parenting                          | <input type="checkbox"/> Playgroups            |
| <input type="checkbox"/> Aged Care                          | <input type="checkbox"/> Youth                 |

**SECTION THREE : REFERRAL SOURCE**

Referring Organisation

Organisation address

Telephone  Mobile

Referring Officer Name

Position

Email

How long has the client been known to you? \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days

Has the client consented to the referral? Yes  No  Is the client awaiting contact from Western Sydney MRC? Yes  No

Has the client been referred to any other services for the same issue?

**Please email completed forms to [referrals@wsmrc.org.au](mailto:referrals@wsmrc.org.au)**

HEAD OFFICE  
 108 Moore Street  
 Liverpool  
 NSW 2170

MAKING A REFERRAL



02 8778 1200



[info@wsmrc.org.au](mailto:info@wsmrc.org.au)  
[www.wsmrc.org.au](http://www.wsmrc.org.au)