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**TEMPORARY VISA HOLDERS EXPERIENCING VIOLENCE PILOT**  
**REFERRAL FORM**

Under the Pilot, TEWLS will provide holistic legal and migration assistance to women who are:

1. on temporary visas (or no visa);
2. experiencing or at risk of family, domestic and sexual violence; and
3. experiencing financial hardship.

Provision of this service will depend on TEWLS’ capacity to assist at the time.

Please return this form to [intake.visas@tewls.org.au](mailto:intake.visas@tewls.org.au). For all other referrals to TEWLS, please call (08) 8982 3000 or email [admin@tewls.org.au](mailto:admin@tewls.org.au).

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral organisation** | | | |
| Organisation |  | Date |  |
| Contact person |  | Role/Position |  |
| Phone number |  | Email |  |
| Support currently provided by referring organisation | □ Casework  □ Financial  □ Accommodation | □ Health  □ Other (*please specify)*  . | |
| **Client details** | | | |
| Surname |  | Given name/s |  |
| Date of birth |  | Country of birth |  |
| Interpreter required? | □ Yes  □ No | Language |  |
| Phone number |  | Email |  |
| Address |  | | |
| **Safe contact** | | | |
| Safest and preferred way for TEWLS to contact client | □ Phone  □ Email  □ Text  □ Any of the above | Preferred times | □ 9 – 11 am  □ 11 – 2 pm  □ 2 – 4 pm  □ Any of the above |
| **Migration information** | | | |
| Current visa type  (please provide copy of Visa Grant) |  | Visa grant number  (if known) |  |
| Primary or secondary /dependent applicant on current visa? | □ Primary applicant  □ Secondary/ Dependent applicant | | |
| Travel document  (please provide copies) |  | Travel document number |  |
| Children? (number of) |  | Children’s visa status |  |
| Were the children born in Australia? | □ Yes  □ No | | |
| **Domestic, family and sexual violence** | | | |
| Is there a current domestic violence order (DVO)? | □ Yes  □ No | Details: | |
| Has the client made a statement to the police? | □ Yes  □ No | Details: | |
| Have you, the referrer, made a mandatory report to the police and/or TF? | □ Yes  □ No | Details (including date of report): | |
| **Other party (unsafe person)** | | | |
| Surname |  | Given name/s |  |
| Date of birth |  | Gender |  |
| Phone number |  | Address |  |
| Status in Australia | □ Citizen  □ Permanent Resident *(visa type if known*) .  □ Temporary visa holder *(visa type if known*) . | | |
| **Other issues for the client?** | | | |
| Please circle all relevant issues: | | | |
| Any other information: |  | | |