

Refugee Mentoring Program Referral Form

Complete only when client has given verbal consent for exchange of their information.

Referral Details

Referral date:		Referring Provider:	
Work Broker/Employment Consultant Name:			
Work Broker Email:			
Work Broker Phone No:			
Reasons for referral: (What specific goals do you think the client should focus on in this program?)			

Client Details

JSID:		Stream: A A Volunteer B C
First Name:		
Surname:		
Date of Birth:		Volunteer Job Seeker: Yes No
Gender:	Male Female Other: _____	
Address:		
Phone number(s):		
Email:		
Country of Birth:		

Eligibility Criteria

<ul style="list-style-type: none"> • Registered with jobactive provider? 	
<ul style="list-style-type: none"> • The Refugee Mentoring Program is a VOLUNTARY activity – job seekers must not be mandated to participate, and the activity must not be entered in their Job Plan as compulsory. The success of the program requires trust and honesty. 	
<ul style="list-style-type: none"> • Humanitarian visa (subclass 200, 201, 202, 203 & 204) <i>(If the client is unsure of their visa subclass please discuss with us – we can verify through VEVO with the client's permission and their Immicard details)</i> 	
<ul style="list-style-type: none"> • Able to communicate in English? <i>(Will we be able to speak effectively with the client at an appointment?)</i> 	
<ul style="list-style-type: none"> • Ready to actively participate in the program? <i>(The client is ready to commit to the program and capable of participating in employment and pre-employment activities)</i> 	
<ul style="list-style-type: none"> • Is the Letter of Authority to Invoice/Purchase Order attached with the referral form? 	

Please forward to refugeementoring@ames.net.au along with the Letter of Authority to Invoice/Purchase Order for \$1650.