

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 <input type="checkbox"/> A Volunteer <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
First Name:		
Surname:		
Date of Birth:		Volunteer Job Seeker: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female Other: _____	
Address:		
Phone number(s):		
Email:		
Country of Birth:		

Eligibility Criteria	
• Registered with jobactive provider?	<input type="checkbox"/>
• The Refugee Mentoring Program is a VOLUNTARY activity – jobseekers 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.	<input type="checkbox"/>
• 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>	<input type="checkbox"/>
• Able to communicate in English? <i>(Will we be able to speak effectively with the client at an appointment?)</i>	<input type="checkbox"/>
• 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>	<input type="checkbox"/>
• Is the Letter of Authority to Invoice/Purchase Order attached with the referral form?	<input type="checkbox"/>

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