

Basic Rights Queensland Direct Referral Form

How To Refer

- Obtain consent from the client for referral and sharing of personal information with Basic Rights Queensland (BRQ)
- Complete all sections of this form and email to brq@brq.org.au
- BRQ workers will make contact within 1-2 business days upon receiving the referral form, to book an appointment for your client

☐ **Consent** provided by client to provide their personal details to BRQ

Your Contact Details (person making the referral)

Name: Organisation:

Email: Phone:

Date:

☐ Please contact me before contacting the client ☐ Ongoing support provided

Personal Details of person who requires support

Title: Gender: Pronouns: DoB:

First Name(s): Surname:

Address: Suburb: Postcode:

Email: Phone:

☐ Client identifies as Aboriginal or Torres Strait Islander ☐ Client identifies as LGBTQIA+

☐ Client has an income If yes, Client's income:

☐ Client is an Australian Citizen If no, Country of birth:

Main Language at Home: ☐ Interpreter Required

Interpreter Language:

Reason for Referral (what does the client need support with)

☐ Disability Discrimination ☐ Employment ☐ Social Security (specify payment below)

☐ **Client would benefit from tailored support in one of the above service areas from our Mental Health Legal Hub**

Name of Employer/Other Party:

Income type (if applicable):

Please write below (or attach) a brief summary of the nature of the legal matter (without facts or personal details) including any relevant challenges or disadvantage faced: