

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: