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Referral Form for AMPARO Advocacy Inc.

Referrals are accepted from: individuals with disability/ family members/ friends, government and community agencies, including the Queensland Independent disability Advocacy Network (QIDAN)

All referrals are presented at a fortnightly intake meeting to determine whether individuals meet the criteria for assistance and whether AMPARO Advocacy has the resources available and the capacity to allocate an

All referrals are presented at a fortnightly intake meeti assistance and whether AMPARO Advocacy has the Advocate or Multicultural Engagement Officer to assis	· · · · · ·
This referral is for:	
being of people from the CALD backgrounds with disa to determine whether they meet the criteria for face-to-	dvocacy that upholds the human rights, interests and well- bility. All requests for individual advocacy will be discussed face advocacy in the Brisbane or Moreton Bay or for phone city to provide individual advocacy AMPARO will link people DAN.
. , ,	Brisbane, Logan, Ipswich and Toowoomba areas. ect (ILC) is a three-year project intended to ensure people lies have the skills, knowledge and confidence to access
Referrer Details	
Date of Referral:	
Referrer's Name:	
Referring Organisation:	
Address:	
Phone No:	Fax:
Email:	

	-	written consent for this referral:		
☐ Yes	□ No			
Please tick the applicable boxes				
To receive individual advocacy the person <i>must</i> meet AMPARO Advocacy's eligibility criteria and:				
☐ have a dis	☐ have a disability and			
□ be from a	\square be from a culturally and linguistically diverse background and			
\square be vulnerable with fundamental needs that are not being met and				
□ be aged b	etween 0 – 65 years of age	e and		
 ☐ for individual advocacy only, reside in Brisbane or Moreton Bay to receive Face to Face Advocacy or in the State of Queensland to receive phone advocacy and/or support to connect with their local advocacy agency or ☐ for ILC project, reside in Brisbane, Logan, Ipswich or Toowoomba. 				
Acceptance of this referral will depend on whether AMPARO Advocacy has the resources available and the capacity to allocate an Advocate or Multicultural Engagement Officer to assist the person. Please provide reasons for referral:				
Tick issue / issues	that annly			
	glect/Violence	☐ Housing/Tenancy		
☐ NDIS Access/ Decision Making/ Review/ Service Provision				
□ Legal Issu		☐ Financial Issues		
☐ Health/Me		☐ Immigration		
	rovider/Practice	☐ Discrimination		
	ty Inclusion, participation, a ease Detail)			
Disability (you may select more than one) □ Acquired Brain Injury □ Autism □ Developmental Delay □ Intellectual □ Neurological □ Physical □ Psychosocial □ Sensory (including Hearing loss or Vison Loss) □ Specific Learning /Attention Deficit Disorder □ Other (Please detail)				
Does this person identify as LGBTQIA+? Yes □ No □ Not sure □				
Details for the Person who is being referred:				
First Name:		Surname:		
Date of Birth		Gender:		
Address:		Suburb:		
Mobile Number:		Email:		
Country of birth:		Ethnicity:		
Residential Status a	nd/or Visa:	Arrival date in Australia:		
Person's Preferred L	.anguage:	Interpreter Required: ☐ Yes ☐ No		
		Preferences for interpreter:		

Further Information (please put as much information as possible)				
If known, please list other services, agencies or volunteers that are involved with the person with				
disability.				
Organisation / Service Provider	Contact Person	Contact Number/ Email		

If you need an interpreter to speak with someone at AMPARO Advocacy, please call the Translating and Interpreting Service (TIS) on 131 450 and ask them to contact AMPARO Advocacy on 3354 4900.