

CLIENT REFERRAL FORM

CLIENT INFORMATION

Please circle one: Mr Mrs Ms Mx		
First Name/s:		
Last Name/s:		
Preferred Name:	Gender (please circle): Man Woman Gender Diverse	
Date of Birth:	Mobile:	
Email:	Emergency Contact:	
Current Address:	Postal Address:	
Birth Country:	Religion:	
Has Refugee Claim Been Submitted?	Yes or No	
Has Confirmation of Claim Letter?	Yes or No	
Claim Progress (please highlight or circle)	Waiting for RSU interview	Waiting for RSU Decision
	Appealed to IPT	Waiting for IPT Decision
	Subsequent claim at RSU	Subsequent Claim at IPT
Date Arrived in NZ:	Lawyer:	Visa Expiry Date:
Current Visa Status (please highlight or circle):	Visitor/Tourist Visa	Interim Visa
	Open Work Visa	Accredited Employer Visa
	Student Visa	Other Visa:
Has Another Visa Been Applied For? If So, Please Note:		
Languages Spoken:		
English level (None, little, moderate, proficient):		
REFERRAL INFORMATION		
What Supports Are Needed? Reason For Referral:		
Have Partner or Children in New Zealand? Please fill other pages:		

CLIENT REFERRAL FORM

PARTNER INFORMATION

Please circle one: Mr Mrs Ms Mx		
First Name/s:		
Last Name/s:		
Preferred Name:	Gender (please circle): Man Woman Gender Diverse	
Date of Birth:	Mobile:	
Email:	Emergency Contact:	
Current Address:	Postal Address:	
Birth Country:	Religion:	
Has Refugee Claim Been Submitted?	Yes or No	
Has Confirmation of Claim Letter?	Yes or No	
Claim Progress (please highlight or circle)	Waiting for RSU interview	Waiting for RSU Decision
	Appealed to IPT	Waiting for IPT Decision
	Subsequent claim at RSU	Subsequent Claim at IPT
Date Arrived in NZ:	Lawyer:	Visa Expiry Date:
Current Visa Status (please highlight or circle):	Visitor/Tourist Visa	Interim Visa
	Open Work Visa	Accredited Employer Visa
	Student Visa	Other Visa:
Has Another Visa Been Applied For? If So, Please Note:		
Languages Spoken:		
English level (None, little, moderate, proficient):		
REFERRAL INFORMATION		
What Supports Are Needed? Reason For Referral:		
Have Partner or Children in New Zealand? Please fill other pages:		

CLIENT REFERRAL FORM

CHILDREN INFORMATION

CHILD #1 DETAILS

Please circle one: Mr Mrs Ms Mx

First Name/s:

Last Name/s:

Preferred Name:

Gender:

Date of Birth:

Date Arrived in NZ:

Current Visa Status:

Visa Expiry:

Has Another Visa Been Applied For:

What Supports Are Needed?

CHILD #2 DETAILS

Please circle one: Mr Mrs Ms Mx

First Name/s:

Last Name/s:

Preferred Name:

Gender:

Date of Birth:

Date Arrived in NZ:

Current Visa Status:

Visa Expiry:

Has Another Visa Been Applied For:

What Supports Are Needed?

CHILD #3 DETAILS

Please circle one: Mr Mrs Ms Mx

First Name/s:

Last Name/s:

Preferred Name:

Gender:

Date of Birth:

Date Arrived in NZ:

Current Visa Status:

Visa Expiry:

Has Another Visa Been Applied For:

What Supports Are Needed?

CLIENT REFERRAL FORM

CHILDREN INFORMATION

CHILD #4 DETAILS

Please circle one: Mr Mrs Ms Mx

First Name/s:

Last Name/s:

Preferred Name:	Gender:
Date of Birth:	Date Arrived in NZ:
Current Visa Status:	Visa Expiry:

Has Another Visa Been Applied For:

What Supports Are Needed?

CHILD #5 DETAILS

Please circle one: Mr Mrs Ms Mx

First Name/s:

Last Name/s:

Preferred Name:	Gender:
Date of Birth:	Date Arrived in NZ:
Current Visa Status:	Visa Expiry:

Has Another Visa Been Applied For:

What Supports Are Needed?

CHILD #6 DETAILS

Please circle one: Mr Mrs Ms Mx

First Name/s:

Last Name/s:

Preferred Name:	Gender:
Date of Birth:	Date Arrived in NZ:
Current Visa Status:	Visa Expiry:

Has Another Visa Been Applied For:

What Supports Are Needed?

CLIENT REFERRAL FORM

Acknowledgement

I, _____ confirm that the information I have provided in this referral form is true and correct to the best of my knowledge. I understand that Asylum Seekers Support Trust (ASST) will rely on this information to assess and provide support.

Signature:

Date: