Companion House

Assisting Survivors of Torture and Trauma

Patrons:

Justice Elizabeth Evatt AO

Professor William Maley AM

REFERRAL to
COMPANION HOUSE COUNSELLING SERVICE
Tel. (02) 6251 4550; Fax. (02) 6251 8550
Or email deborah.nelson@companionhouse.org.au

(Please provide all details available)

Date: _____/_____/_____ DIBP NUMBER (if CD or CAS or ASAS).....
(Please circle)

Referral Agency:

Name / Role of person referring: _____

Contact numbers: Tel: _____ Mobile:_____

Client Information: ***Very Important*** → Consent is essential for all Companion House services.
Is there client (or parent) consent for Companion House to contact client?:
YES / NO
Can client be contacted directly?: YES / NO
.

Title:Mr / Mrs /Ms

First Name:_____

Family Name: _____

Date of Birth: _____/_____/_____ Country of Birth:_____

Preferred Language/s: _____ Interpreter Required: YES / NO (M / F)

Single arrival or with family? Details: _____

Address: _____

Telephone: _____ o *Tick box if client does not have a phone*

Mobile: _____ Best time to phone: AM /PM

Arrival date in Australia: _____

Reason for referral: _____
_____
_____
_____
_____

Please fax to (02) 6251 8550 Attn: Counselling Team Leader.
A counsellor will make contact to discuss the referral as soon as possible and before contacting the referred person or family.

Companion House Assisting Survivors of Torture and Trauma Inc.
41 Templeton Street COOK ACT 2614 ♦ Telephone: (02) 6251 4550 ♦ Fax: (02) 6251 8550
Mailing Address: PO BOX 112 Jamison Centre ACT 2614