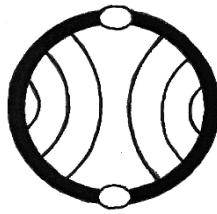


Companion House

Assisting Survivors of Torture and Trauma



Patrons:

Justice Elizabeth Evatt AO

Professor William Maley AM

**REFERRAL to
COMPANION HOUSE COUNSELLING SERVICE
email to ina.toumoua@companionhouse.org.au**

Date: ____ / ____ / ____

Referral Agency: _____

Name / Role of person referring: _____

Contact numbers: _____

E-mail address: _____

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

First Name: _____

Family Name: _____

Date of Birth: ____ / ____ / ____ Gender identity: _____

Country of Birth: _____

Preferred Language/s: _____ Interpreter Required: YES/NO

Single arrival or with family? Details: _____

Address: _____

Telephone: _____

E-mail address: _____

Arrival date in Australia: _____

Visa type if known: _____

Reason for referral: _____
