



AUSTRALIAN REFUGEE VOLUNTEERS INC

REFERRAL FORM

Dear Caseworker,

About Australian Refugee Volunteers Inc (ARV)

Australian Refugee Volunteers Inc (ARV) provides recreational and developmental programs for children and families from asylum seeker and refugee backgrounds, including those who have special needs, are at risk of harm, have child protection concerns, or children who are unaccompanied minors.

Our programs aim to ease loneliness and isolation in refugee communities. We want to increase the number of smiles on the faces of children from refugee backgrounds, by promoting fun, laughter and relaxation. We are committed to empowering individuals and families, and building more cohesive, tolerant communities.

Monthly Weekend Programs

ARV runs programs for children and teens (up to age 17) once a month. These generally involve a combination of recreational and educational activities, in a protected and nurturing environment. Additionally, ARV also runs a 'Charity' program, which involves the more mature teens getting out into the community, and performing some form of charitable act or participating in a charity event. This boosts morale and self-confidence, as well as helping the young adults to feel comfortable in their community.

School Holiday Camps

Finally, ARV also runs camps for children during most school holidays – these generally function as an educational getaway for the children, peppered with fun, games and self-esteem building activities.

Referrals

If you know of children or a family from an asylum seeker or refugee background who you believe would benefit from our services, please fill out the attached referral form, so that we can assess their suitability.

Please submit any questions and the completed form to the ARV Client Manager:

clients@arvolunteers.org



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Referring Organisation

Organisation	
Caseworker's Name	
Email Address	
Phone (Work)	
Phone (Mobile)	

Referred Family

Home Address	
Phone (Home)	
Phone (Mobile)	
Languages Spoken	

Client Details

Position	Full Name	Gender	Date of Birth	Country of Birth	Arrival Date in Australia	Visa Status	Translator required?
Referred Child							

Parent Details

Position	Full Name	Gender	Translator required?
Parent/Guardian			
Parent/Guardian			



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Further Details about Client

Please provide further information as to why this child would benefit from participating in ARV's programs:

Are there any issues that ARV should know in relation to the child participating in the monthly excursions?

To the best of your knowledge, would any member of this family be a risk to other children/families?

Please indicate whether the child being referred experiences or has experienced any of the following, and please provide relevant details.

Anxiety

Learning difficulties

Other behavioural issues

Aggression

Social withdrawal

Other mental health issues

Trauma

Criminal record



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Do any family members have medical considerations that will impact or be impacted by the child's participation in ARV activities (e.g. does any family member have any severe allergies that may be triggered by any food or items that we may send children home with)?

Caseworker to sign

I declare that the information I have completed in the above form is correct to the best of my knowledge. I have explained to the referred family the services that ARV offers and have received the family's consent to be referred to ARV. I represent and warrant that I have explained to the family the information that will be shared with ARV on this form, and why, and received their consent to disclose it to ARV.

Name: _____

Signed: _____

Date: ____ / ____ / 20 ____

Parent/Guardian to sign

I consent to this referral to ARV, all information on this form being shared with ARV, and to being contacted by representatives of ARV. I understand and accept that the information being shared with ARV in this form is necessary for ARV's functions and purposes.

Name: _____

Signed: _____

Relationship to Child: _____

Date: ____ / ____ / 20 ____