

Settlement Engagement and Transition Support (SETS)

Intake and Referral Form

Please email referrals to SETSTReferrals@mcaus.org.au

If you would like to discuss details of the referral prior to sending, please contact us on 3337 5400 and ask to speak with a Team Leader, SETS.

Multicultural Australia SETS locations include: Brisbane East, Brisbane North, Brisbane South, Brisbane West, Brisbane Inner City, Darling Downs - Maranoa, Fitzroy, Moreton Bay North, Moreton Bay South, Sunshine Coast, Toowoomba, Wide Bay, Ipswich, Logan, Townsville, Queensland Outback & Rockhampton.

Items marked with an asterisk (*) are required. Other information is preferable but not required if unavailable.

Details of the referring person

*Referral Date:		*Organisation:	
*Worker's Name:			

Client Details

*First Name:		*Gender:	
*Last Name		<input type="checkbox"/> Male	
*Date of birth:		<input type="checkbox"/> Female	
*Address:		<input type="checkbox"/> Intersex indeterminate	
*Postcode:		<input type="checkbox"/> Other	
*Country of birth:		<input type="checkbox"/> Not stated/inadequately described	
*Ethnicity:		*Phone:	
*Date of arrival:		*Visa Type:	
Email address:		Religion:	
*Language/s spoken:		*Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability:	*Disability type: <input type="checkbox"/> Intellectual / learning <input type="checkbox"/> Physical <input type="checkbox"/> Psychiatric <input type="checkbox"/> No disability <input type="checkbox"/> Sensory / speech <input type="checkbox"/> Not stated/inadequately described		

Youth and Family Details

Family Composition:

Full Name	Age	DOB	Relationship to Principal Applicant (e.g. Daughter, partner)

Are there any family members aged 12 – 24?

YES NO

School/s children attend:

Request additional support for youth 12- 24?

YES NO

If yes, please provide names of young people:

Reason for referral

- | | |
|---|---|
| <input type="checkbox"/> Age-appropriate development | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Community Participation & Networking | <input type="checkbox"/> Material wellbeing and basic necessities |
| <input type="checkbox"/> Educational and skills training | <input type="checkbox"/> Mental Health, wellbeing, and self-care |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Personal and family safety |
| <input type="checkbox"/> Family Functioning | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Financial Resilience | |

Additional Information / Key services involved:

**Key documents to be attached to
referral**

DFTTA / Immi Card/ ID

SETS Consent Form (Signed)

Worker's Signature

Date