

Date: _____

The ARANAP program consists of two components. The person being referred can:

1. Work with a Refugee Health Nurse Advocate to get support in managing their physical health conditions; and/or
2. Work with a Bi-Lingual Bi-Cultural Worker to manage their lifestyle by way of case management.

Please indicate who you are referring to:

1. A Refugee Health Nurse Advocate: Yes No
2. A Bi-Lingual Bi-Cultural Worker: Yes No

Details of the person being referred:

Date of Birth _____ Male Female
 Given Names: _____ Family Name: _____
 Address: _____ Post code: _____
 Email Address: _____
 Phone: _____ Medicare Number _____
 Country of birth: _____ Ethnicity: _____
 Preferred language: _____ Interpreter required: Gender preference Male Female

Date of Arrival: _____ *(Note: this project is prioritised for people who have been in Australia for 5 years or (or, in exceptional circumstances, up to 10 years)*

Visa type: Citizen 200 (Refugee) 202 (humanitarian) 204 (women at risk) 100 (Spouse permanent) 309 (Spouse-temp) SHEV Bridging Visa Other: _____

Referrer Details:

Referring Agency/ Organisation _____
 Contact Person _____
 Role/Relationship _____
 Email _____
 Telephone/Mobile _____

Consent:

- Client has given consent to make this referral
 Client has given consent to be contacted directly by STTARS/ARA
 Client is under the age of 16 Parent/Guardian consent

Health information: (Tick all that apply)

Client linked with a GP/Practice Name of GP: (if applicable) _____
 GP speaks the client's preferred language Client actively engaged Client has a disability
 Client has diagnosed medical condition Detail:
 Current Medications: _____

