



53 Prospect Road, Gaythorne, QLD 4051  
PO Box 2065, Brookside Centre, QLD 4053

phone 07 3354 4900

email [info@amparo.org.au](mailto:info@amparo.org.au)

web [www.amparo.org.au](http://www.amparo.org.au)

ABN 56 876 279 925

## Referral Form for AMPARO Advocacy Inc.

Referrals are accepted from: individuals with disability/ family members/ friends, government and community agencies, including the Queensland Independent disability Advocacy Network (QIDAN)

All referrals are presented at a fortnightly intake meeting to determine whether individuals meet the criteria for assistance and whether AMPARO Advocacy has the resources available and the capacity to allocate an Advocate or Multicultural Engagement Officer to assist the person.

### This referral is for:

#### Individual Advocacy

AMPARO Advocacy provides state-wide individual advocacy that upholds the human rights, interests and well-being of people from the CALD backgrounds with disability. All requests for individual advocacy will be discussed to determine whether they meet the criteria for face-to-face advocacy in the Brisbane or Moreton Bay areas. When we do not have capacity to provide individual advocacy AMPARO will link people to their local advocacy agency or connect them to the Disability Advocacy Pathways Program.

#### Multicultural Engagement and Capacity Building (ILC) Project

*Multicultural Engagement Officers are located in Brisbane, Logan, Ipswich and Toowoomba areas.*

The Information Linkages and Capacity Building Project (ILC) is a three-year project intended to ensure people from CALD backgrounds with disability and their families have the skills, knowledge and confidence to access and navigate mainstream services, community activities, and disability services, including the NDIS.

#### Young Person's Inclusion (ILC) Project

*Multicultural Engagement Officers are located in Brisbane, Logan and Ipswich.*

This is a 2-year project that will deliver culturally responsive, strength-based information and skill development activities to young people aged 3-25 from CALD backgrounds with disability and their families, to build their knowledge of disability, rights and available supports, strengthen confidence and self-advocacy and enhance peer and community connections.

| Referrer Details        |      |
|-------------------------|------|
| Date of Referral:       |      |
| Referrer's Name:        |      |
| Referring Organisation: |      |
| Address:                |      |
| Phone No:               | Fax: |
| Email:                  |      |

**Person is aware and has provided verbal or written consent for this referral:**  
 Yes                       No

**Please tick the applicable boxes**

To receive individual advocacy the person **must** meet AMPARO Advocacy's eligibility criteria and:

- have a disability, and
- be from a culturally and linguistically diverse background, and
- be vulnerable with fundamental needs that are not being met, and
- be aged between 0 – 65 years of age, and
- for individual advocacy only, reside in Brisbane or Moreton Bay to receive Face to Face Advocacy or in the State of Queensland support to connect with their local advocacy agency or the Disability Advocacy Pathways Program or
- for ILC funded project, reside in Brisbane, Logan, Ipswich or Toowoomba.
- for Young Person's Inclusion project, reside in Brisbane, Logan, or Ipswich.

**Acceptance of this referral will depend on whether AMPARO Advocacy has the resources available and the capacity to allocate an Advocate or Multicultural Engagement Officer to assist the person.**

**Please provide reasons for referral:**

**Tick issue / issues that apply**

|  |   |
|--|---|
| <input type="checkbox"/> Abuse/Neglect/Violence                                  | <input type="checkbox"/> Housing/Tenancy  |
| <input type="checkbox"/> NDIS Access/ Decision Making/ Review/ Service Provision | <input type="checkbox"/> Financial Issues |
| <input type="checkbox"/> Legal Issues  | <input type="checkbox"/> Immigration      |
| <input type="checkbox"/> Health/Mental Health                                    | <input type="checkbox"/> Discrimination   |
| <input type="checkbox"/> Service Provider/Practice                               | <input type="checkbox"/> Education        |
| <input type="checkbox"/> Community Inclusion, participation, and access          |   |
| <input type="checkbox"/> Other (Please Detail) .....                             |   |

**Disability (you may select more than one)**

Acquired Brain Injury    Autism    Developmental Delay    Intellectual  
 Neurological    Physical    Psychosocial    Sensory (including Hearing loss or Vision Loss)  
 Specific Learning /Attention Deficit Disorder    Other (Please detail) .....

**Are there any Domestic Violence concerns?**   Yes  No  Not sure

**Does this person identify as LGBTQIA+?**   Yes  No  Not sure

**Details for the Person who is being referred:**

|                                 |                            |
|---------------------------------|----------------------------|
| First Name:                     | Surname:                   |
| Date of Birth                   | Gender:                    |
| Address:                        | Suburb:                    |
| Mobile Number:                  | Email:                     |
| Country of birth:               | Ethnicity:                 |
| Residential Status and/or Visa: | Arrival date in Australia: |

|   |                       |  |
|---|-----------------------|--|
| Person's Preferred Language:  |                       | Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Preferences for interpreter:  |                       |  |
| <b>Further Information (please put as much information as possible)</b>   |                       |  |
| If known, please list other services, agencies or volunteers that are involved with the person with disability. |                       |  |
| <b>Organisation / Service Provider</b>  | <b>Contact Person</b> | <b>Contact Number/ Email</b>   |
|   |                       |  |
|   |                       |  |
|   |                       |  |

If you need an interpreter to speak with someone at AMPARO Advocacy, please call the Translating and Interpreting Service (TIS) on 131 450 and ask them to contact AMPARO Advocacy on 3354 4900.



**Please return your completed form to AMPARO Advocacy Inc**

Email: [info@amparo.org.au](mailto:info@amparo.org.au)

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