53 Prospect Road, Gaythorne, QLD 4051
PO Box 2065, Brookside Centre, QLD 4053
phone 07 3354 4900
email info@amparo.org.au
web 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.

Individual Family and Capacity Building (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 Individual aged 9-65 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

Person consents to AMPARO redirecting the referral if necessary to a more appropriate Agency/Program. This includes where AMPARO has no capacity to assist at this time.

☐ 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 reside in the State of Queensland, 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.

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

- ☐ Abuse/Neglect/Violence
- ☐ Housing/Tenancy
- ☐ NDIS Access
- ☐ NDIS Decision Making/ Review/ Service Provision
- ☐ Legal Issues
- ☐ Financial Issues
- ☐ Health/Mental Health
- ☐ Immigration
- ☐ Service Provider/Practice
- ☐ Discrimination
- ☐ Community Inclusion, participation, and access
- ☐ Education
- ☐ Other (Please Detail) ……

Disability (you may select more than one)

☐ Acquired Brain Injury ☐ Autism ☐ Developmental Delay ☐ Intellectual ☐ Neurological ☐ Physical (Please specify) …….. ☐ Psychosocial ☐ Sensory (including Hearing loss or Vison 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:

Is this person: ☐ An Australian Citizen ☐ A Permanent Resident ☐ Temporary Resident _ please state VISA Type _____	Arrival date in Australia:
Person's Preferred Language:	Interpreter Required: ☐ Yes ☑ No Preferences for interpreter:

Further Information (please put as much information as possible)

If known, please list other services, agencies or volunteers that are involved with the person with disability.

Organisation / Service Provider	**Contact Person**	**Contact Number/ Email**

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
Office: 53 Prospect Road, Gaythorne, QLD 4051
Address: PO Box 2065, Brookside Centre, QLD 4053
Phone: 07 3354 4900
Fax: 07 3355 0477