

## DIGITAL LITERACY PROJECT- CLIENT REFERRAL FORM

Referral date: \_\_\_\_\_

Do you have the client's permission to make this referral?  Yes  No

Important: Referrals that do not include client's permission will not be accepted by ARA.

### Client Details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of arrival in Australia: \_\_\_\_\_ Visa Number: \_\_\_\_\_

Other: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Level of English:  Low  Medium  High

### Please tick the topics client wants to learn:

- Online skills tracker, google Translate and setting phone to English
- Scams and Privacy (Facebook etc.)
- Email-Setting up, sending links, email Scams
- Accessing online platforms (MyGov, Centrelink, ATO, Banking etc.)
- Others \_\_\_\_\_

Please add any other additional information:

### Referring Officer:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Client Consent

**I give permission for ARA to collect my personal information for the purposes of services delivery, reporting and data analysis.**

- I understand that data may include: name, visa subclass, date of arrival, suburb, family details, health and medical details.
- I understand that ARA may require additional information, in order to gain access to other services
- I understand I do not have to provide ARA with all the information they ask for, however it might limit the types of services that can be offered to me.
- **I understand that my information will be stored securely in ARA's database.**

**I understand that my information will be kept confidential and only disclosed if:**

- I consent for ARA to make a referral or enquiry to another agency on my behalf;
- There is a serious threat to the health or safety of person(s), or to report other illegal activity that is required under the law.
- There are suspected situations of child abuse and/or neglect, self-harm and/or harm to a third person.

**I understand that I can request access to and/or correction of my information at any time.**

**I understand that I can change or withdraw this consent at any time.**

Client signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verbal Consent\*:  **\*Note: Verbal consent should only be used when it is not practicable to obtain written consent.**

ARA worker signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client has provided verbal consent (if consultation conducted remotely): Y  N

Date of verbal Consent Provided: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Save completed form and email to [ghada.abouelgoukh@ausref.net](mailto:ghada.abouelgoukh@ausref.net) with the subject line 'Digital Literacy registration'**

