

Referral Form

Important: Before submitting this form you must have approval from the referee unless this is a self referral. If you do not have the person's consent to contact us do not complete the form. **You must speak to the person in the first instance to get their consent.**

Referee's details (all details must be completed)

Name	
Date of Birth	
Phone	
Email	
Address	
Date when you received consent to make referral	

Issue (two sentences only) eg Issue with NDIS/Aged Care Provider/Mental Health Services/Disability provider or service/TasCAT Guardianship or Administration/Aged Care Home/MyAgedCare/Housing/Alcohol & other drugs services/Mental Health hearing.

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Referrer details (if applicable)

Service Provider	
Name and Title	
Relationship to client	
Phone or email	

Next steps

Email this form to contact@yoursaytas.org, or post to Reply Paid PO Box 426, Sandy Bay, TAS 7006

We will contact the "referee" directly. As AdvoTas is a client-directed service we cannot provide referrer with updates.

PO Box 426, Sandy Bay TAS 7006

Email contact@yoursaytas.org
Visit advocacytasmania.org.au

Call 1800 005 131
Text 0457 806 963