TasVOCAL Referral Form



A free legal service for victim survivors of institutional child sexual abuse in Tasmania.

If you would like to discuss any aspect of the referral, please email

tasvocal@legalaid.tas.gov.au and ask for us to call you.

In an emergency, please call Tasmania Police on 000.

REFERRING PARTY DETAILS			
Name of referring organisation:			
Contact name at organisation:			
Relationship to client?			
Date of referral:	Phone:		
Email:			
Did you speak to a TasVOCAL team member?:		No	Yes
If yes , what was their name?:			
Do you have client consent to refer this person to Tasmania Legal Aid?:		No	Yes

CLIENT DETAILS				
Name of client:				
Date of birth:	Phone	2:		
Address:				
Email:				
Is an interpreter required?:			No	Yes
If yes , preferred language:				
Does the client consent to Tasmania Legal Aid contacting them?:		No	Yes	
Does the client need assistance with com	munication?:		No	Yes
What is the safest way to contact?:		Phone call	SMS	Email
Preferred way to contact:	Method	Date		Time
Is this a child institutional sexual abuse matter?: No		Yes	Unsure	
Has the person accessed the National Redress Scheme (NRS)??: No		Yes	Unsure	
Is the person using a Redress Support Service (RSS) or other support?:			No	Yes
If yes , please provide details:				

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Tasmania Legal Aid

Reason for referral:

If available, Tasmania Legal Aid needs information about the other parties involved (alleged perpetrator or Institution and/or persons providing support.

Name:

Approximate age:

Relationship:

Address:

Please email this completed referral to: tasvocal@legalaid.tas.gov.au

NB: The personal information collected by Tasmania Legal Aid (TLA) is needed to provide a legal service to you. Some information on this form is used to improve our services and report to funders. Your personal details are not used for this. This is in accordance with the *Personal Information Protection Act 2004*. You can access your client file by writing to TLA.