

**Friendship Program**

 **Application / Referral Form**

# In order to participate in the Friendship Program you must:

# Have arrived to Australia on a humanitarian/refugee visa or are seeking asylum in Australia.

# Be over 18 years of age

# Speak and understand basic English

# Be able to meet regularly with a volunteer Australian Friend for at least 6 hours per month.

**Information about you**

**Title**: Mr Mrs Ms

**First name** ……………………………………………………………………………………..…………

**Surname**………………………………………………………………………………………….………

**Address**……………………………………………………………………………………….………….

**Phone number** …………………………………………………………………………………………

**Name and phone number of alternative contact person** (such as partner or family member)

………………………………………………………………………………………………………………

**Email Address**……………………………………………………………………………………………

**Date of birth** …………………………………………………….

**Date of arrival in Australia** …………………………………...

**Languages Spoken**……………………….. ……..……..……..

**Gender** Male Female

**Religion**……………………………………………………………

 **Place of birth (or nationality)**…………… ……..………………

**Visa type** Humanitarian/refugee visa (200, 201, 202,203,204)

Bridging visa (seeking asylum or protection)

Community / Immigration detention

**English level** I understand and speak some English

I understand and speak English well

 **Are you** Single Married or have a partner

**Please turn over for next page**

# Do you have any children?

No

Yes

# If you do have children, how many children do you have and what are their ages?

 **Who lives with you in your house?**

 **Do you have any dogs or other pets or other hazards at your home?**

**Do you have any requests or special circumstances?** Please include any restrictions / considerations / health requirements / physical limits to outings. (If necessary, please attach another sheet):

**When would you have free time to meet up with your volunteer Australian Friend?**

 **If you are matched with a volunteer Australian Friend what would you like to do with them? (things you would like to learn or activities you would like to do together)** (Please note volunteers cannot provide driving lessons or supervised driving hours).

**Please list other workers or organisations who are supporting you:**

 **Consent**

I give permission for Baptist Care SA to keep this information in order to

**Yes No**

try and find a volunteer Australian Friend for me to be matched with.

# Today’s date: ……………………………………………………………………………………………………

# If someone told you about the Friendship Program or helped you fill out this form, please ask them to complete this part:

Name: ……………………………………………………………………………………………………………… Organisation: …………………………………………………………………………………………………….. Phone number: …………………………………………………………………………………………………….. Email address: ……………………………………………………………………………………………………

# Please send to:

Ms Joanne Robjohns

Baptist Care SA’s Friendship Program

11-19 Millers Court, Adelaide SA 5000

jrobjohns@baptistcaresa.org.au

**Enquiries:**

(08) 8118 5228

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