



INTAKE / REFERRAL FORM

About Our Service: HUB Community Legal is a community legal centre. We offer free and confidential legal help. We prioritise people experiencing disadvantage or barriers to getting help. We may not be able to help if your issue is outside our service scope, we are at capacity, or there is a conflict of interest. To decide if we can help you, we need to collect personal information. If you choose not to provide it, we may not be able to assist. If you have questions or need help with this form, please call us on 3372 7677 or email legal@hubcommunity.org.au

If you need an interpreter or help with this form, call us on 3372 7677 or email legal@hubcommunity.org.au

1. DETAILS OF THE PERSON WANTING LEGAL HELP

I am completing this form for myself I am completing this form on behalf of someone else

First Name:	
Last Name:	
Other Names (e.g. middle name):	
What pronouns do you go by?	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other:
Date of Birth:	
Phone Number:	
Email:	
Address (or suburb & postcode):	
Best way to contact you?	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
Confirm that it is SAFE to contact you by:	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Voicemail <input type="checkbox"/> Email
Best time to contact you?	
Appointment preference:	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
Is this your first time using HUB Community Legal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?	

2. OTHER PEOPLE INVOLVED (FOR CONFLICT CHECK)

List the name of any other people or organisations involved in your problem. We will not contact the other person. We cannot provide legal advice without this information. If you don't know, we can only provide advice on how to get this information.

Full Name:		Date of Birth:	
Full Name:		Date of Birth:	

3. ABOUT YOU AND YOUR SITUATION

These questions help us determine how we can best support you and prioritise our services where required. You do not have to answer every question.

How do you describe your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I use another term <input type="checkbox"/> Prefer not to say
Are you an Aboriginal and/or Torres Strait Islander person?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both <input type="checkbox"/> No
Where were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other: If other, what year did you arrive in Australia?
Main language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other:
How well do you speak English?	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well
How well do you read and write English?	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:
What is your weekly income?	<input type="checkbox"/> None <input type="checkbox"/> \$1-199 <input type="checkbox"/> \$200-299 <input type="checkbox"/> \$300-399 <input type="checkbox"/> \$400-599 <input type="checkbox"/> \$600-799 <input type="checkbox"/> \$800-999 <input type="checkbox"/> \$1000-1249 <input type="checkbox"/> \$1250-1499 <input type="checkbox"/> \$1500-1999 <input type="checkbox"/> \$2000+

Are you employed?	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other
What is your main income source?	<input type="checkbox"/> Paid employment <input type="checkbox"/> Centrelink <input type="checkbox"/> Other
If you receive Centrelink, what type?	<input type="checkbox"/> Jobseeker <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Age Pension <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Other
Are you experiencing financial hardship?	<input type="checkbox"/> Yes – cannot access my money <input type="checkbox"/> Yes – Centrelink is my main income <input type="checkbox"/> Yes – other: <input type="checkbox"/> N/A
Are you currently homeless or at risk of losing your housing?	<input type="checkbox"/> Yes, homeless <input type="checkbox"/> Yes, at risk <input type="checkbox"/> No
Do you have a disability or mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, disability type: <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory/Speech <input type="checkbox"/> Physical <input type="checkbox"/> Psychological or mental health <input type="checkbox"/> Head or Brain Injury/Stroke <input type="checkbox"/> Other
Are you experiencing, or are you at risk of experiencing family violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Relationship Status	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married/De Facto <input type="checkbox"/> Widowed
Family Type	<input type="checkbox"/> Not living in a family, e.g. living alone <input type="checkbox"/> Sole parent family with dependent children <input type="checkbox"/> Two-parent family with dependent children
Number of dependent children	
Number of other dependents	
Do you identify as part of the LGBTQIA+ community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Any other information that you would like us to know?	

4. YOUR LEGAL PROBLEM

Briefly describe what has happened and what legal help you would like.

Do you have any documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type:
Important dates (e.g. court):	
Have you had help from another service?	<input type="checkbox"/> Community Legal Centre <input type="checkbox"/> Private lawyer <input type="checkbox"/> Legal Aid <input type="checkbox"/> Other:

5. REFERRER DETAILS (if completing this form for someone else)

Our discussions with clients are confidential. We cannot share any information about a client’s matter without their consent. We will contact the client directly. If that is not possible, please provide more information about the reason why.

Has the person agreed to this referral? Yes No If no, reason why:

Referrer name:	
Organisation / Referrer Relationship:	
Phone and Email:	

Privacy notice: Your privacy is important to us. We collect your personal information to assess your enquiry and provide legal services. You can choose not to give us personal information, but it may affect our ability to help you. We do not share your information without your consent, unless required by law or to prevent a serious risk to harm. We do not send your personal information outside Australia without your consent. We keep information about your matter for seven years, unless an exception applies. You can read our full privacy policy at hubcommunity.org.au/privacy. It explains how to access or correct your information, how to raise concerns, and how we handle complaints. If you have questions, contact us on (07) 3372 7677 or privacy@hubcommunity.org.au.