



ETHNIC DISABILITY ADVOCACY CENTRE

REFERRAL FORM

DISABILITY ROYAL COMMISSION

Freecall: 1800 659 921

Email: jenni@edac.org.au

Details of person intending to make a submission:

SURNAME: _____ SEX: F M OTHER

GIVEN NAME: _____

ADDRESS: _____

HOME PHONE NO. _____ MOBILE _____

DATE OF BIRTH: _____

ANCESTRY: _____

IS AN INTERPRETER REQUIRED: Yes (language) _____
No

PLEASE STATE IF THE PERSON INTENDING TO MAKE A SUBMISSION HAS ANY ADDITIONAL COMMUNICATION AND/OR ACCESSIBILITY NEEDS:

IS THE PERSON INTENDING TO MAKE A SUBMISSION:

- a person with disability?
- a family member of a person with disability?
- a friend of a person with disability?
- a carer of a person with disability?
- a support worker or other person who works with people with disability?

AGENCY (if relevant): _____

REFERRED BY: _____ TELEPHONE NO. _____

DATE: _____