

Community Support Program

Preliminary Assessment Form for Interested **Applicants** (page 1)

Basic Biodata of Principal Humanitarian Applicant

Full name: Family name Given Name(s)

Date of birth:

Details of family members to be included in this application for the Community Support Program:

Total family size (including the Principal Humanitarian Applicant)

Names, ages and relationship of family members included in the Community Support Program submission

Family name / Given Name(s) / DOB / relationship (eg: Smith / John / 10/07/2007 / Son)

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Nationality (if stateless, please list country of habitual residence):

Country of current residence:

Legal status in country of current residence (eg: asylum seeker, refugee, etc):

Ethnicity:

Religion:

Languages spoken/written:

Is an interpreter required?

Yes No If Yes, which language?

Email address:

Contact number:

Community Support Program

Preliminary Assessment Form for Interested Applicants (page 2)

Ties to Australia

Does the Principal Humanitarian Applicant have family, friends, or close community members in Australia?

Yes No

If yes, please describe relationship:

Has the Principal Humanitarian Applicant identified a Supporter to sponsor his/her application to enter Australia under the Community Support Program?

Yes No

If yes, please provide the following:

Supporter's name: Family name Given Name(s)

Supporter's location: (town/suburb and state)

Supporter's contact details: (phone, email, or postal address)

Is the supporter willing and able to facilitate an offer of employment or pathway to employment in Australia for the Principal Humanitarian Applicant?

Yes No

Other

Do you have any other relevant information you wish to share? (e.g. refugee/protection claims)

Please complete this form and return it to csp@ssi.org.au