

# **Community Support Program**

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

Given Name(s)

### Basic Biodata of Principal Humanitarian Applicant

Full name: Family name

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)

Nationality (if stateless, please list country of habitual residence):	
Country of current residence:	
Legal status in country of current residence (eg: asylum se	eeker, 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

Yes No			
If yes, please describe relationship:			
Has the Principal Humanitarian Applicant identified a Su under the Community Support Program?	pporter to sponsor his/her application to enter Australia		
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)