



About this form

This form should be used by asylum seekers to apply for SRSS. If you are not sure if you are eligible for SRSS, you should first contact an SRSS Provider who will discuss your circumstances with you and conduct a preliminary assessment on your eligibility for SRSS under the program. This form must be completed with an SRSS Provider.

SRSS program

The SRSS program is administered by SRSS Providers on behalf of the Department of Home Affairs (the Department). The SRSS program provides support and assistance to people as they seek to resolve their immigration status and also to those who have resolved their immigration status and are transitioning to mainstream services in the Australian community. Services may include the provision of access to accommodation, facilitating access to physical and mental health care, financial assistance, and other appropriate support mechanisms.

SRSS eligibility criteria

To be eligible for SRSS you must be a non-citizen in the Australian community (who is not in immigration detention) who is assessed by the Department as requiring needs based support services to address a specific barrier which may be preventing resolution of immigration status, including departure from Australia.

Family means the relatives with whom you live, or usually live. They include:

- your partner (spouse or de facto partner) including if they are Australian citizens or permanent residents;
- any children who are under 18 years of age;
- other relatives (such as adult child, brother, sister, aunt, uncle, niece, nephew, grand-child, grand-parent or cousin).

The SRSS application process

You should only complete this form if an SRSS Provider has conducted a preliminary assessment of your circumstances and told you that you may be eligible for assistance under the SRSS program.

Once you have completed this form with an SRSS Provider and attached the supporting documentation, the SRSS Provider will forward this completed form to the Department for assessment via the Service Provider Portal.

It is important that you fully complete this form, and attach the documentary evidence as detailed in the *Document checklist*. Missing information and failure to provide supporting documentation may result in an invalid application.

You must also complete the following forms and include them with your application:

- Form 1450 *Status Resolution Support Services Programme Privacy notice and consent* available from the Department's website www.homeaffairs.gov.au/allforms/
- Form 1448 *Status Resolution Support Services Programme Debt agreement* available from the Department's website www.homeaffairs.gov.au/allforms/

You should ensure that you read and understand form 1442i *Privacy notice* before completing this form.

Form 1442i is available from the Department's website www.homeaffairs.gov.au/allforms/ or offices of the Department.

SRSS application assessment and decision

Once the Department has received this completed form, the Department will assess your circumstances against the SRSS eligibility criteria. The Department will use all relevant information available and contained in this form and the supporting documentation provided.

If the applicant is found to have satisfied the eligibility criteria for SRSS, the Department will advise the SRSS Provider of the timeframe and expectations of the Department of what goals and milestones are to be met during this period of the recipient being provided SRSS.

Once the Department has notified the SRSS Provider of a decision on your application, the SRSS Provider will then notify you of the outcome of your application.

Your other options

If you are thinking about returning home you might be eligible for some assistance to depart Australia. You can talk to an immigration officer at any time to discuss your options.

More information about returns assistance is available from the website www.iomaustralia.org or www.assistedreturns.com.au

Consent to communicate electronically

The Department may use a range of means to communicate with you. However, electronic means such as fax or email will only be used if you indicate your agreement to receiving communication in this way.

To process your application the Department may need to communicate with you about sensitive information, for example, health, financial viability and personal relationships. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with.

If you agree to the Department communicating with you by electronic means, the details you provide will only be used by the Department for the purpose for which you have provided them, unless there is a legal obligation or necessity to use them for another purpose, or you have consented to use for another purpose. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the Department over the internet or by other electronic means.

Note: Electronic communication is the fastest means of communication available and the Department prefers to communicate electronically because this results in faster processing.

About the information you provide in your application

The information you provide in this form is used to assess your eligibility for SRSS and may be sent to Australian Government agencies including the Department of Human Services for verification of your income and/or entitlements. The information you provide may also be used for the purpose of a visa application decision.

Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*.

Form 1442i is available from the Department's website www.homeaffairs.gov.au/allforms or offices of the Department. You should ensure that you read and understand form 1442i before completing this form.

Home page **www.homeaffairs.gov.au**

General enquiry line Telephone **131 881** during business hours in Australia to speak to an operator (recorded information available outside these hours).
If you are outside Australia, please contact your nearest Australian mission.

Please keep these information pages for your reference



Application for Status Resolution Support Services (SRSS)

Please open this form using Adobe Acrobat Reader.
Either type (in English) in the fields provided or print this form
and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable

1 Name of SRSS Provider completing this application

2 Client ID
Boat ID

Personal details

3 Your full name
Family name

Given names

4 Other names you are, or have been, known by
(including name at birth, previous married names, aliases)

5 Sex Male Female Indeterminate / Intersex / Unspecified

6 Date of birth / /

7 Nationality

8 Your current residential address

 Postcode

9 Address for correspondence
(If the same as your residential address, write 'AS ABOVE')

 Postcode

10 Your telephone numbers

Office hours (Area code)

After hours (Area code)

Mobile/cell

11 Do you agree to the Department communicating with you by fax, email, or other electronic means?

No
Yes Give details

Fax number (Area code)

Email address

12 Do you need an interpreter to communicate with the Department?

No
Yes Which language

13 Have you worked during the past 3 months?

No
Yes Give details

Name of employer

Address of employer

 Postcode

Contact person for enquiries

Name

Telephone number

Office hours (Area code)

Gross fortnightly earnings (wages, salary)

AUD

Date stopped working (if applicable)

Day Month Year

/ /

Provide a copy of the separation certificate

- 21** Are you, or any member of your family, the victim of family violence, assault or violent crime?
 No ► **Go to Question 24**
 Yes
- 22** Has an Intervention Order (IVO), Apprehended Violence Order (AVO) or other relevant order(s) been issued in relation to the incident(s)?
 No
 Yes ► *Provide a copy of the order(s) or the police report(s)*

23 Does the incident(s) preclude you from work or overseas travel?
 No
 Yes ► Give details

- 24** Are you in a relationship (including if you are separated)?
 No ► **Go to Question 40**
 Yes

Your partner's details

25 Your partner's full name
 Family name

 Given names

26 Other names your partner is, or has been, known by (including name at birth, previous married names, aliases)

27 Sex Male Female Indeterminate / Intersex / Unspecified

28 Date of birth

Day	Month	Year
/	/	

29 Nationality

30 Your partner's current residential address

Postcode

- 31** Is your partner an Australian permanent resident or Australian citizen?
 No
 Yes ► **Go to Question 34**

32 Type of visa held by your partner

33 Is your partner arranging to depart Australia?
 No
 Yes ► Expected date of departure

Day	Month	Year
/	/	

34 Has your partner worked during the past 3 months?
 No
 Yes ► Give details

Name of employer

Address of employer

Postcode

Contact person for enquiries
 Name

Telephone number

Office hours (Area code)

Gross fortnightly earnings (wages, salary)

Date stopped working (if applicable)

Day	Month	Year
/	/	

Provide a copy of the separation certificate

35 Does your partner own a business?
 No
 Yes ► Australian Business Number (ABN)

Australian Company Number (ACN)

36 Is your partner currently studying?
 No
 Yes ► How many hours per week?

37 Does your partner have an overseas bank account?
 No
 Yes ► Give details

4. Family name

Given names

Relationship to you (eg. child, brother)

Other names they are, or have been, known by
(including name at birth, previous married names, aliases)

Sex Male Female Indeterminate / Intersex / Unspecified

Date of birth / /

Nationality

Current address

 Postcode

Is this person an Australian permanent resident or Australian citizen?
No ▶ Type of visa held
Yes

Is this person arranging to depart Australia? No Yes

If insufficient space, attach additional details

Support from family, friends or other people or organisations in the Australian community or overseas

41 Do you, or any member of your family, receive financial or other support from friends, family or any other person in the community?
No
Yes ▶ Give details

1. Name of person receiving support

Source and type of support (eg. accommodation from friend, caring services from an organisation, financial assistance)

Amount/value of support
 AUD

2. Name of person receiving support

Source and type of support (eg. accommodation from friend, caring services from an organisation, financial assistance)

Amount/value of support
 AUD

If insufficient space, attach additional details

42 Did you, or any member of your family, come to Australia on a visa that was sponsored or covered by an Assurance of Support?
No
Yes ▶ Give details

Sponsor's full name
Family name

Given names

Date of withdrawal of sponsorship (if sponsorship has been withdrawn)
Day Month Year
 / /

Agreement to engage and comply with status resolution milestones and reviews set by the Department

It is a mandatory requirement of receiving SRSS that you engage and comply with all status resolution milestones set by the Department.

43 Do you agree to engage and comply with all status resolution milestones set by the Department, including all periodical reviews?
No
Yes

44 Do you understand that failure to engage and comply with any milestones or reviews set by the Department will result in immediate cessation of SRSS?
No
Yes

Authorisation – for purpose of forwarding electronically

45 Has the SRSS Provider confirmed with you that the information provided is correctly captured?
No
Yes

Declaration

- 46 WARNING:** Giving false or misleading information or documents is a serious offence.

This declaration must be signed by the main applicant and each person aged 18 years or over included in this application.

I have completed and attached:

- form 1450 *Status Resolution Support Services Programme Privacy notice and consent*
- form 1448 *Status Resolution Support Services Programme Debt agreement*

I declare that:

- the information I have supplied in this application is complete, correct and up-to-date in every detail.
- if I intend to depart Australia, I will notify the SRSS Provider and the Department.
- I acknowledge that any incorrect or fraudulent information may result in the Department ceasing support from the SRSS program.**

Signature of main applicant

Date Day Month Year

Signature

Name

Signature

Name

Signature

Name

Signature

Name

We strongly advise that you keep a copy of your application and all attachments for your records.

Recommendations for services (to be completed by the SRSS Provider)

- 47** What services are required to assist the applicant to reduce or remove barriers to resolve their immigration status or obtain employment?

- 48** How will services assist the applicant to reduce or remove barriers to resolve their immigration status or obtain employment?

Provide details and state how long each of these services will be required.

- 49** What steps will you, as the SRSS Provider, undertake to ensure the requested services will assist the individual in resolving their immigration status or obtaining employment?

- 50** I, the SRSS Provider named in Question 1, declare that the information I have supplied in this application is complete, correct and up-to-date in every detail.

Signature of SRSS Provider

Date Day Month Year

Document checklist

- 51** Provide the following **documents** with this completed form (if applicable). **Photos** of evidenced documents to support your SRSS application **will not be accepted by the Department**.

Note: All documents provided to support this application should already be translated. The Department will not pay for translations.

	Supporting documentation	Attached
Departure support services / Travel documents	Detailed statement on what barriers impact the individual's departure from Australia	<input type="checkbox"/>
	Identify what services are required to assist the individual with their departure in their effort to acquire the necessary travel documents	<input type="checkbox"/>
	Detailed statement on what barriers prevent the individual from obtaining travel documents for status resolution purposes	<input type="checkbox"/>
	Identify what steps the individual has taken to obtain the required travel documents	<input type="checkbox"/>
Translation of documents	Detailed statement on how translating and interpreting services will help resolve the individual's immigration status	<input type="checkbox"/>
	Detailed statement on the specifics the individual wants translated and/or interpreted	<input type="checkbox"/>
	All documents have been translated by a qualified translator	<input type="checkbox"/>
Financial information	Official bank statements covering the past 3 months of all accounts held by the individual and/or members of the family (including any children) in banks or other financial institutions in Australia or overseas. This includes any accounts held in trust, closed accounts and in accounts such as in online betting accounts.	<input type="checkbox"/>
	<i>For overseas bank accounts</i> – if you cannot provide a statement, provide evidence that the overseas bank or financial institution has been contacted via the ' contact us ' link on their website showing all personal identifiers i.e. name and account number and the submission receipt . If this facility does not exist, provide an email from the bank or financial institution confirming the name each account is held in, and balance.	<input type="checkbox"/>
	If the bank account has been closed, the individual must provide the official closing 3 month statement	<input type="checkbox"/>
	Provide an explanation for any transactions AUD500 and over, regardless of timeframes. This includes multiple transactions on the same day totalling AUD500 and over.	<input type="checkbox"/>
	Details of any assets or property owned by the individual or families in Australia and offshore	<input type="checkbox"/>
	Note: Transaction listings will only be accepted to cover periods after the official bank or financial institution statement cycle has ended. All transaction listing pages must be stamped and signed by the bank.	
Assets for the individual and/or members of the family who reside with the individual, including: <ul style="list-style-type: none"> • home loans • investments / share portfolio's • investment properties 	Official 3 month bank statement for home loan accounts	<input type="checkbox"/>
	Evidence required of share portfolio's	<input type="checkbox"/>
	Evidence of investment properties and associated official 3 monthly bank accounts for investment properties	<input type="checkbox"/>
Employment	Employment separation certificate	<input type="checkbox"/>

Supporting documentation		Attached
Living arrangements	Detailed statement on the accommodation the individual intends to live in: <ul style="list-style-type: none"> • private rental or boarding • real estate agency • family/friends 	<input type="checkbox"/>
	Rental lease/tenancy agreement from private landlord that includes: <ul style="list-style-type: none"> • landlord's contact details and address • address of the rented premises • duration of the lease • amount of rent/board • conditions for return of bond upon vacating the premises • signature from landlord 	<input type="checkbox"/>
Emergency accommodation in a crisis situation <i>(if applicable)</i>	Detailed statement on the circumstances of the crisis situation which led to the individual not being able to reside in their property	<input type="checkbox"/>
	Detailed statement on the steps taken by the individual to source alternate accommodation	<input type="checkbox"/>
	Evidence of the crisis situation, such as police reports etc.	<input type="checkbox"/>
Business	ABN / ACN business, bank accounts	<input type="checkbox"/>
	Profit and loss statements up to and including the past 6 months	<input type="checkbox"/>
Medical evidence as per SRSS Medical Fact sheet	Details of diagnosis confirmed by a qualified medical practitioner, including the medical conditions and symptoms	<input type="checkbox"/>
	Individual's capacity to undertake/obtain employment to suit their current medical condition	<input type="checkbox"/>
	Referrals, treatment plan and review periods outlined	<input type="checkbox"/>
	Date of specialist appointment(s) if known or a copy of the referral <i>(if applicable)</i>	<input type="checkbox"/>
	Medical certificate with evidenced timeframe client(s) are unfit for work	<input type="checkbox"/>
	Detailed statement from individual on why they cannot cover the costs of requested services	<input type="checkbox"/>
Studying	Sponsorship, funding, course name(s), institution enrolment, hours of study	<input type="checkbox"/>
Services	All evidence has been provided for requested services	<input type="checkbox"/>