

National Anti-Deportation Alliance Information Form for People at Risk of Deportation

Please complete the form and return it by fax to 03 9557 8690
or by mail to:

Grace Gorman
National Anti-Deportation Alliance
6 Marriot Road
Bentleigh, Victoria 3204

This form, like any other documents you receive, should only be completed after consultation with a trusted friend or advocate.

For more information about this form and its purpose, or to obtain additional copies of this form, please call Grant van Riessen on 041 601 2957.

If a deportation is happening or if you think it is about to happen, call the National Anti-Deportation Alliance anti-deportation team on 043 969 8527.

General Information

The information you provide below may be used to try to stop a deportation from happening.

Family Name: _____

First Name(s): _____ DIMIA ID Number: _____

Do you have a current application or appeal with the RRT or Australian courts? YES / NO (*Circle one*)

If yes, please indicated which tribunal or court: RRT
 Federal Court
 Full Federal Court
 High Court

What is the case number? _____

Who is your lawyer or migration agent?

Name _____ Phone: _____ Fax: _____

If you are taken for deportation do you want NADA to try to stop your deportation? YES / NO (*Circle one*)

If no, do you want people to be at your deportation to show public support for refugees? YES / NO (*Circle one*)

Other Information

This information will help us, but you do not have to give this information if you do not want to.

Date of Birth: _____ Are you male or female? Male / Female (*Circle one*)

What is your nationality? _____ How good is your English? Very good
 Good
 Bad
 I don't speak any English

What is the language you speak best? (*Name only one*) _____

Other languages spoken: _____

We can help contact friends and relatives if you are deported. Do you want us to help with this? YES / NO (*Circle one*)

If yes, please list the people you want us to contact below.

Name	Phone Number	Country	Relationship
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

We would like to find out what happens to you if you are deported. Is there anyone in the country to which you might be deported / Australia / another country who we can contact to ask if you are safe? YES / NO (*Circle one*)

If yes, please list the people we can contact below. If they are the same people as above, write "as above".

Name	Phone Number	Country	Relationship
1			
2			
3			
4			

Do you have any medical condition or disability that might put you at additional risk *during* deportation?

Please briefly describe any information you have received from DIMIA regarding arrangements for your deportation:

Is there any other information you would like to add?

Data protection and Privacy

The National Anti-Deportation Alliance (NADA) aims to make sure that anyone giving personal information which will be kept in a database will be fully aware of why the information is needed, what will be done with it and who will have access to it.

The information which you have provided is confidential and will only be used in the campaign to stop the deportation of Asylum Seekers. Your details will be stored on an electronic database which will be owned by NADA. Access to the database will be limited to trusted members of by NADA. Information contained in the database will only be used in accordance with your wishes as expressed in the declaration below, or as you instruct in the future.

Declaration

I understand that the information which I have given will be held in the National Anti-Deportation Alliance database of people at risk of deportation. I am willing for my details to be used for

- Summary and statistical reports that do not identify me.
- Alerts to NADA members for urgent direct action against deportation operations.
- Other (please specify) _____

Signed _____ Date _____