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|  | **REFERRAL FORM**  |

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| **Referral** |
| Date:  | Referral Type: | [ ]  Self-Referral | [ ]  Internal  | [ ]  External  |

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| **Referred Persons Details** |
| Given Names: | Surname: |
| DOB: | Age: |
| Aboriginal/Torres Strait Islander: [ ]  Yes [ ]  NoLanguage group: | Interpreter Required: [ ]  Yes [ ]  No |
| Address: |
| Suburb: | Postcode: |
| Phone: | Email: |
| Has the person given consent for this referral (select box)  | [ ]  Yes  | [ ]  No |
| Are you aware if you are NDIS approved  | [ ]  Yes  | [ ]  No |  |
| Best time to contact client (select box)  | [ ]  Weekdays | [ ]  Morning | [ ]  Afternoon |
| Best way to be contacted (select box) | [ ]  Mobile | [ ]  SMS | [ ]  Landline | [ ]  Email |

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| **Referring Person / Agency** |
| Referral By: |  |
| Position: |  |
| Agency: |  |
| Phone: |  | Mobile: |
| Email: |  |

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| **Support Requested/ Presenting Issues** |
| Is the client considering detox or rehabilitation? [ ]  Yes [ ]  No |

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| **Has the client ever been charged with or convicted of sexual offences against an adult or child?** |
| ☐ No ☐ Yes (If yes, client will not be eligible for our programs) |

I, ………………………………………………………, hereby give the Aboriginal Sobriety Group Indigenous Corporation permission to disclose and/or discuss any information about myself with relevant organisations. **Please note that we are required to report information pertaining to safety, welfare and wellbeing.**

Client Signature:…………………………………………………………………………………………………. Date:………………………

**Email referral form to:** **referrals@asg.org.au**