

## Away From Keyboard Inc. – Referral Form

Please complete this form to refer yourself or someone else to Away From Keyboard Inc. for support. This form may be submitted by individuals, carers, schools, or other community organisations. We understand that paperwork can be difficult, so please send an email to organise a phone/Teams/Zoom session and schedule a paperwork assistance appointment.

### 1. Referral Type

- ☐ Self-referral
- ☐ Referred by an organisation

### 2. Referrer Details (Complete if referring on behalf of someone)

Name of Organisation:

Referrer Name:

Role/Position:

Phone Number:

Email Address:

### 3. Personal Details of the Person Being Referred

Full Name:

Date of Birth:

Pronouns:

Phone Number:

Email Address:

Residential Address:

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

### 4. Reason for Referral / Support Required

Please describe the reason for this referral, including any known distress or challenges experienced (e.g. digital overwhelm, online abuse, neurodivergent support needs, carer stress, social isolation):

## 5. Safety and Risk Considerations

Are there any known risks we should be aware of? (e.g. trauma history, behavioural concerns, safety needs):

## 6. Availability and Preferences

Preferred Days/Times for Contact:

Would you prefer in-person, phone, or online contact?

## 7. Consent

☐ I confirm that I (or the person being referred) have given consent to be referred to Away From Keyboard Inc.

Name of Person Giving Consent:

Date:

## 8. How to Submit

Please email the completed form to: [info@afk.org.au](mailto:info@afk.org.au)

You will be contacted within 5 business days of submission.

## 9. Optional Demographic Information (for reporting and program improvement)

Providing this information helps us improve our services and measure how well we are supporting our priority groups.

This section is optional and kept confidential for research, reporting, and service planning only.

- ☐ I identify as Aboriginal and/or Torres Strait Islander
- ☐ I live with disability
- ☐ I am a carer of a person with disability or neurodivergent needs
- ☐ I live in a regional or remote area
- ☐ I identify as neurodivergent
- ☐ I identify as LGBTQI+
- ☐ I have experienced technology-facilitated abuse or online harm
- ☐ I experience financial hardship
- ☐ I am a single parent or guardian
- ☐ Other (please describe): \_\_\_\_\_

## 10. Technology-Facilitated Harm and Digital Use

The following questions are optional but help us understand the digital context surrounding the individual being referred. This assists us in tailoring support and education appropriately.

Main devices used:

- ☐ Smartphone
- ☐ Tablet
- ☐ Gaming Console
- ☐ Laptop/Computer
- ☐ Smart TV
- ☐ Other: \_\_\_\_\_

Most used apps/platforms:

- ☐ TikTok
- ☐ YouTube
- ☐ Snapchat
- ☐ Instagram
- ☐ Discord
- ☐ Facebook
- ☐ Online games (e.g. Roblox, Fortnite, Minecraft)
- ☐ Other: \_\_\_\_\_

Estimated daily screen time (not including schoolwork):

- ☐ Under 1 hour
- ☐ 1-2 hours
- ☐ 2-4 hours
- ☐ 4-6 hours
- ☐ Over 6 hours

Have there been any concerns with:

- ☐ Online bullying or harassment
- ☐ Inappropriate messages/images received
- ☐ Image-based abuse
- ☐ Grooming or coercion online
- ☐ Exposure to distressing content
- ☐ Difficulty disengaging from screens
- ☐ Other concerns: \_\_\_\_\_