| **Date** |  |
| --- | --- |
| **Client Details** |
| Surname |  |
| First Name |  |
| D.O.B |  |
| **Guardian Details (If Applicable)** |
| Surname |  | First Name |  |
| Phone |  | Email address |  |
| Relationship to Client |  |
| **Client Contact Details** |
| Phone |  | Email Address |  |
| Address |  |
| **Referrer Details** |
| Name |  | Position/relationship to participant |  |
| Organisation |  | Contact Details |  |
| Reason for Engagement(eg, Client seeking Gardening/Cleaning/other employment) |  |
| **Further Client Details** |
| Country of Birth |  | Preferred Language |  |
| Aboriginal or Torres Strait Islander? | Yes☐ No☐  |
| Interpreter Required? | Yes☐ No☐ |
| Does the client have a WWVP card?  | Yes☐ No☐  |
| Has the client held gainful employment in the past? | Yes☐ No☐ Details:  |
| Does the client currently claim the Disability Support Pension (DSP)?  | Yes☐ No☐  |
| Does the client have at least two forms of photo identification?  | Yes☐ No☐  |

| **Indicate time preference for initial meeting (fill all that apply):** |
| --- |
| **Monday:** **Tuesday:** **Wednesday:** **Thursday:** **Friday:** * **No preference**
 |
| **Indicate preference for meeting location (tick all that apply):** |
| * **Virtual (video)**
* **Phone**
* **Face to face**
 |
| **Client/Guardian Declaration** |
| I consent to my information being provided Clover Pathways Pty Ltd to for the purposes of referral, service delivery and inclusion in de-identified data reporting. |
| Full Name |  | Date |  |
| Signature of Client/Guardian |  |