| **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 |  | | |