



**Jirrawich**  
*Connecting to Country*

## Jirrawich Aboriginal Mentoring Client Intake Form

W: [jirrawich.com](http://jirrawich.com) P: 0422 612 816 ABN: 9218 7038 41 3

Email Completed referral to: [rodbroad@jirrawich.com](mailto:rodbroad@jirrawich.com)

Date: \_\_/\_\_/\_\_

### 1. Details of referring person or agency:

Full Name:	
Agency:	
Address:	
Suburb:	
State & Postcode	
Phone:	
Email:	

### 2. Details of child:

Full Name	
Date of Birth:	
Address:	
Suburb:	
State & Postcode:	
Gender:	
Does the child consent to referral?	
Main language spoken at home:	

### 3. Does the child identify as Aboriginal or Torres Strait Islander?

<input type="checkbox"/>	No
<input type="checkbox"/>	Aboriginal
<input type="checkbox"/>	Torres Strait Islander
<input type="checkbox"/>	Aboriginal and Torres Strait Islander

4. Does the child you have any of the following impairments, conditions or disabilities? Please select all that apply.

<input type="checkbox"/>	Intellectual learning
<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	Sensory/speech
<input type="checkbox"/>	Physical/diverse
<input type="checkbox"/>	None
<input type="checkbox"/>	Other – please list:

5. Please let us know more about this child so we know how we can help.

6. How did you find out about Jirrawich?

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#### Notification on Privacy

The information you provide on this form includes personal information. The child's personal information is protected by law, including by the Commonwealth Privacy Act.