

Referral Form

FIT Together Activities for Families



Date of Referral: / /		Date of Review: / /	
Participant/s Details			
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
Address			
Home Phone	Mobile	Email	
Cultural background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Partner Details			
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
Address			
Home Phone	Mobile	Email	
Cultural background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Children/s Details			
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
School	Grade		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
School	Grade		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
School	Grade		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
School	Grade		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
School	Grade		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		
Family Name	Given Name/s		
Date of Birth	Age	Gender	M F
School	Grade		
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify: _____		

Consent Information

FIT Together will work with various government and non-government agencies. Participant/s of FIT Together will be given an opportunity to access support and development needs. Such support and developmental needs is available via the following agency:

Referring Agency Details				
Dept./Agency			Contact Person	
Address			Contact Number	
Email				
Phone		Mobile		Email
Referral Reason <i>(select where appropriate)</i>				
<input type="checkbox"/> Counselling <input type="checkbox"/> Alcohol and other drugs support <input type="checkbox"/> Physical and/or sexual health needs <input type="checkbox"/> Vocational/Employment <input type="checkbox"/> School reengagement <input type="checkbox"/> Housing support <input type="checkbox"/> Other: _____ _____				
*Support <i>(please provide details of all supports /developmental opportunities received)</i>				
_____ _____ _____ _____ _____ _____				
<small>*Indicate previous and current, contact person/number</small>				

I consent to (tick the relevant box):

- ** _____ knowing that my family is currently being provided with support. They will only be provided with my name, address and the name of the service who is supporting me.
- ** _____ being made aware of my family's current support needs, so that services can provide my family with support that is better tailored to my family's needs. They will be provided with my name, address, the name of the service supporting me and a summary of my support needs as identified below.

** Enter referring agency details

C O N S E N T T O S H A R E I N F O R M A T I O N

For the purpose of providing holistic support to meet you/families physical and well-being needs, we will need to share information with other services.

If you agree to this, please indicate below the types of information you agree to be shared.

Consent is valid for a period of _____ months (no longer than 6 months)

Participant Consent

I acknowledge that the FIT Together referral process has been explained to me. I understand that some of my family's personal information, as indicated on page one, will be disclosed for the purpose of improving my current circumstances.

I understand that I can withdraw my consent at any time either verbally or in writing.

Participant	Signature	Date

Is there anyone else we can contact to obtain information to help with your circumstances? E.g. family /friends/ advocate?

Name	Relationship	Contact details

Worker Agency Agreement

I acknowledge that the FIT Together project has been explained to the person identified on this form. S/he understands that relevant family personal information will be disclosed for the purpose of improving the client's current circumstances.

Worker Name	Agency	Signature	Date