**Tumbelin GO: Participant Intake Referral Form**

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| **Participant Details** | | |
| **Name** |  | **Date of Referral** |
| **Preferred Name** |  | **Gender**  Male Female Other |
| **Previous Name** |  |
| **Date of Birth** |  | **Country Of Birth**  Australia  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ethnicity** | Aboriginal  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Torres Strait Islander  Not disclosed  Not Aboriginal or Torres Strait Islander | |
| **Language** | **Is English your first language?**  Yes  No | **Primary Language:**  **Do you require an interpreter?**  Yes  No |
| **Residential Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code:** \_\_\_\_\_\_\_\_\_\_\_ | |
| **Postal Address:**  As above Or specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code:** \_\_\_\_\_\_\_\_\_\_\_  **Homeless** | |
| **Participant Contact** | **Phone:** | **Email:** |
| **Emergency Contact** | **Name:**  **Phone:** | **Email:** |
| **Disability or Illness:**   Yes  No  **If yes, please specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Marital Status**  Single  Married  In a Relationship |
| **Do you have access to transport?**  Yes  No  Public transport  Car  Other | | **Number of dependent children:**  **Age(s):** |
| **Education, Training and Employment** | | |
| **Are you currently undertaking formal education?**  Yes  No  **Type of education**:  Mainstream  Flo  Tertiary  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Highest year level of education completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eg. Yr 8/12, Certificate, Diploma, Degree)  **Training completed since leaving school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you currently looking for work?**  Yes No  **Previous work history:**  Yes  No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are you currently employed?**  Yes  No If yes, date commenced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Casual/Part-time/Full-time Working hours: \_\_\_\_\_\_\_\_\_\_\_\_  **Main source of income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| |  | | --- | | **Education, training and employment (cont.)** |   Are you currently receiving any support through an employment service provider?  Yes  No  Service provider:       Date commenced:  Centrelink Reference Number (CRN):       Job Seeker ID number (JSID): | | |
| |  | | --- | | **Referral Source Details** | | | |
| Self-Referral  Family/Friend  Agency  Other  Name:       Contact No:  Agency:       Email:  How did you hear about the Tumbelin GO program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Key Information** | | |
| **Has the young person been convicted of a criminal offence in the past 5 years?**  Yes  No  **Is the young person under Guardianship of the Minister?**  Yes  No  Permission required from DCP DCP Referral Approved:  Yes  No  **Name of Families SA Case Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Consent** | | |
| **Participant** | I give consent for this referral & understand that this personal information will be used by Baptist Care to contact me regarding the Tumbelin GO program. | **Date** |
| **Signature** |
| **(Or) Third Party** | As the referral agency, I have obtained the participant’s consent for this referral & provision of this personal information. | **Date** |
| **Signature** |
| **Where the participant is under 18years and not classified as independent, please obtain signature from Parent/Guardian** | | |
| **Parent or Guardian** | I give consent for this referral & understand that this personal information will be used by Baptist Care to contact my child regarding the Tumbelin GO program | **Date** |
| **Name** |
| **Signature** |
| **Please forward this referral form to:**  **Southern Adelaide Region: Chris Lemm Team Leader** [**clemm@baptistcaresa.org.au**](mailto:clemm@baptistcaresa.org.au) **Mob: 0438 260 268**  **Port Lincoln / Eyre Region: Sue James Career Coach** [**sjames@baptistcaresa.org.au**](mailto:sjames@baptistcaresa.org.au) **Mob: 0438 969 129** | | |