**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 [ ]  NoService provider:       Date commenced:      Centrelink Reference Number (CRN):       Job Seeker ID number (JSID):       |
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| **Referral Source Details** |

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| [ ]  Self-Referral [ ]  Family/Friend [ ]  Agency [ ]  OtherName:       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 [ ]  NoPermission 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** **Mob: 0438 260 268****Port Lincoln / Eyre Region: Sue James Career Coach** **sjames@baptistcaresa.org.au** **Mob: 0438 969 129** |