Peer Support Group Referral

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| Referral date: |
| Self-referral □ Yes □ No (if yes, move to complete client details) |
| Name of referrer: | Referrer’s contact no.: |
| Role/relationship to client: | Email address: |
| **CLIENT DETAILS** |
| Name: | Sex/gender identification: |
| Middle name: | Date of birth: |
| Family name: | Age: |
| Alias: | Aboriginal and/or Torres Strait Islander: Yes / No/Prefer not to say |
| Address: | Email address: |
| Phone:Safe to SMS and leave message:□ Yes □ No □ Unknown | Emergency contact details: |
| Country of birth & year of arrival (if born overseas): Language spoken at home/preferred language:Translator required: Yes/No | Disability: Yes / No / Prefer not to say (if yes, describe) |
| Does client identify as LGBTIQA+? | Yes / No If yes, complete questions on p 2 |
| For agency referrals, has the client consented to the referral being made? *Attach completed consent form* | Yes / No |
| Is the client engaged with any other services or programs, including within Good Shepherd Australia New Zealand?If yes, which program/worker? | Yes / No |
| Group dates and location, client is wanting to attend: |

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| To receive full benefit of the group, it is hoped clients attend all sessions. Can you identify any barriers to engagement in group support and attending all sessions (e.g. travel costs, childcare, mental health etc.)? If so, how might these be addressed? |
| Are there any risks relating to family violence or other issues such as mental health the group facilitators should be aware of? Please describe: |
| **FOR GOOD SHEPHERD FACILITATOR TO COMPLETE:** |  |
| Intake appointment booked? □ Yes | □ No |
| Date and Time scheduled: |  |
| Welcome email sent □ Yes | □ No |

**PLEASE COMPLETE IF CLIENT IDENTIFIES AS LGBTIQA+**

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| How would you describe your gender identity/expression: Woman  Man  Trans  Sistergirl  Brotherboy  Gender diverse/Gender Queer Trans woman  Trans man  Non-binary  Prefer not to say Prefer to self-describe: |
| *Intersex is a term for people born atypical physical sex characteristics, and there are many different intersex traits or variations.*Do you wish to disclose your intersex status?  Yes  No  Prefer not to say |
| *Pronouns are used when referring to people/groups of people. Using correct pronouns is like using a person’s correct name and shows you acknowledge and respect their identity.*What are your pronouns She/Her/Hers  He/Him/His  They/Them/Theirs  I prefer people to use my first name Prefer to self-describe: ……………………………………………………… |
| How do you describe your sexual orientation? (select all that apply) Asexual  Bisexual  Gay  Heterosexual  Lesbian  Queer  Questioning/unsure/don’t know Prefer not to say  Prefer to self-describe: ……………………………………………………………………………………………………………..….. |
| Additional information added to comments on Service Participant’s profile  Yes  No |

**END OF REFERRAL FORM**

**Please email this form, the consent form to** **FVIntake@goodshep.org.au**