Billabong Clubhouse new member referral form

Referrer Details

Who is making this referral? ☐ Self Referral ☐ Family/Carer ☐ Service Provider

Please fill in the applicable details below:

Name: **Phone:**

Job Title: **Organisation:**

Consent

Please indicate whether the person you are referring has consented to this referral: ☐

Person Being Referred

Full Name: **DOB:**

Address:

Phone: **Gender:**

Identifies as Aboriginal and/or Torres Strait Islander? ☐

Identifies as Culturally and Linguistically Diverse? ☐

Is the person an NDIS participant? ☐

Supporting Information

Please specify diagnosed mental health condition. Choose one

Are they medicated for this? Choose one

Is there any known history of violence, aggression or behaviour that may present a safety risk? Unknown

If yes, please provide details:

Supporting Assessments/Information

Please attach any information you think may be relevant to this referral such as - **health information, support plans, discharge summaries and mental health plans.**

Referral Process

Send this completed form via email to: programs@billabongclubhouse.org.au

Once received, we will follow up to organise a time to come in and view Clubhouse facilities.