

## Referral Form

**Date of Referral:**

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**Referral Source:**

- Zonta House Program    Site/Program: \_\_\_\_\_  
 External Community Service  
 Specialist FDV Service

Service Name:

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Key Worker:

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Phone Number:

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Email:

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Comments:

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Which workshops are you interested in attending?

- SE through Self Compassion    Yoga & Sound Therapy    Keeping Safe  
 Fostering Healthy Connections    Finance Skills    Building Resilience  
 Understanding Trauma    Parenting Course    Art Therapy    Job Club

Where did you hear about Positive Pathways

- Friends/Family    Referring Organisation  
 Internal    Other  
 Online

### Client Details:

First Name:

	<b>Surname:</b>	
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Alias:

	<b>Gender:</b>	
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Mobile Number:

	<b>Email:</b>	
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Current Address:

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Postal Address:

	<b>Post Code:</b>	
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Date of Birth:

	<b>Post Code:</b>	
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	<b>Age:</b>	
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Do you agree for Positive Pathways to contact you using the given contact details and allow for text messages, emails and letters sent directly to you?

- Yes    No

If no, please provide additional comments including other contact details:

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Cultural Identity:  Aboriginal  Both  
 Torres Strait Islander  Neither

Country of Birth:	Year of Arrival:	
Language at Home:	Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Culturally and Linguistically Diverse:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please advise details below;	
Family:	<input type="checkbox"/> Number of Children: _____ <input type="checkbox"/> Children under 18 <input type="checkbox"/> Dependent children under 18 <input type="checkbox"/> Children under 18 not in client's care	
Care Arrangements:		

**Other information:**

Please fill in any additional information which may be useful for the Positive Pathways to be aware of and relevant to the workshop and any other services which may work in partnership with Positive Pathways.

Medical, Physical or disabilities:	
Mental Health Issues:	
Employment Status and Income Source:	
Drug and/or Alcohol Issues:	
Homelessness Issues:	
Family and/or Domestic Violence:	
Legal Issues:	
Cultural Considerations:	
Other Relevant Issues:	
Safety Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise;

### Client Confidentiality

The information you provide is confidential. It will not be shared with any other party in an identifiable form without your written consent. Zonta House Women's Refuge complies with all of the provisions of the Privacy Principles laid down in the Commonwealth Privacy Act 1988.

Zonta House Refuge Association collects statistical data statistical details about the services provided to monitor quality of service delivery, contract performance, professional accountability and to provide trends in service delivery and other social indicators. Only statistical data is collected (no personal or identifying information of any kind is divulged or included) to assure your confidentiality and anonymity.

Client Signature:

	<b>Date:</b>	
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**Please send referrals to:**

Email: [admin@positivepathways.org.au](mailto:admin@positivepathways.org.au)

OFFICE USE ONLY			
	Date	Person Responsible	Sign
Referral responded to			
Confirmation sent			
Database updated			
Added to Spreadsheet			