

BRADAAG REFERRAL FORM

REFERRAL TO:	Residential Rehab <input type="checkbox"/>	Family Residential Rehab <input type="checkbox"/>	Outreach / Ongoing-Care <input type="checkbox"/>
Questions with marked with a * must be answered.			
SELF REFERRAL * <input type="checkbox"/>			
REFERRING AGENCY DETAILS * <input type="checkbox"/>			
Agency Name			
Contact Person			
Contact Number			
Contact Email Address			
CLIENT DETAILS			
Name *			
Aboriginality	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/> Neither <input type="checkbox"/>
Traditional Group			
Language Group			
Skin Name			
Are you aware of an avoidance relationship with any current BRADAAG clients?			
DOB			
Address			
Phone Number			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Interpreter Needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Has client ever been a client at BRADAAG Residential Rehabilitation Program YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please provide relevant details	
Client currently incarcerated *	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medicare Number	
Centrelink Number	
Emergency Contact Details	
Name	
Relationship to you	
Address	
Phone No	



Reason for Referral:		
Residential Rehabilitation Admission Assessment	<input type="checkbox"/>	
Alcohol related Family Issues	<input type="checkbox"/>	
Alcohol related Domestic/Family Violence	<input type="checkbox"/>	
Alcohol related Medical Condition	<input type="checkbox"/>	

Please provide a brief description of current situation

Consent to Collect and Store Data *
<i>I hereby authorise information regarding my background (including health, home life, legal status, etc) to be collected and stored on the BRADAAG Data Base and the Government Data Base for reporting purposes. If you do NOT agree, select no. However, we may not be able to process your application.</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>

Release of Information *
<i>I hereby authorise information regarding my background (including health, home life, legal status, etc) to be exchanged between BRADAAG and (check all that apply)</i>
Yes, to all listed <input type="checkbox"/> Community Corrections <input type="checkbox"/> Territory Families <input type="checkbox"/> NT Police <input type="checkbox"/>
NT Department of Health <input type="checkbox"/> None <input type="checkbox"/>

Client Declaration *

I confirm that I have completed this form and that I fully understand the purpose and nature of this referral. I understand that any information exchanged will only be used to assist in providing appropriate service support and will not be given to any other program or person without written permission.

YES NO

Referrer Declaration *

I confirm that I have completed this form in the presence of the client and that I have ensured the client fully understands the purpose and nature of this referral. Where the client is not proficient in English, I confirm that I used Aboriginal Interpreter Services (89998353)

YES NO

Any information exchanged will only be used to assist in providing appropriate service support and will not be given to any other program or person without written permission.

*I understand that if another agency is requesting information regarding the client which does not relate to their current participation in the BRADAAG Program staff will request permission from you in writing before providing an information (this excludes statutory information sharing e.g. Mandatory Reporting) **

YES NO

Client Signature _____ Date _____

Referrer Signature _____ Date _____

Please email this form to: clientmanagement@bradaag.org.au

Please also upload 100 point of full colour ID (front and back), current Centrelink summary and a valid Police Clearance that is within 12 months.