**PARTICIPANT REFERRAL FORM**

The information gathered in this referral form helps us understand the needs of the participant, and as such determine eligibility for our mentoring program, and identify a potential mentor.

Please ensure as much detailed information as possible is included as this will assist with our assessment.

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| Full Name: | Preferred Name: |
| Mobile number: | DOB: |
| Email: | |
| Do you identify as: Female  Non-Binary  Other | |
| Aboriginal or Torres Strait Islander?  Aboriginal Torres Strait Islander Both Neither | |
| Interpreter required YES / NO (Language): | |
| Current address:  Is this a regular fixed residential address? YES / NO  If no, please detail housing status: | |
| Emergency Contact: | |
| Dependent Children: (Names and Ages if known) | |
| Presenting issues – please provide as much detail as possible or attach additional documentation | |
| Alcohol and/or Other Drug  Social isolation  Family / Partner violence  Financial strain  Acquired Brain Injury  Intellectual disability  Disability  Physical health  Mental Health (provide info re: diagnosis)  Violent behaviour  Homelessness (please detail) Other: | |
| Please detail nature of court / justice system involvement:    Please provide any information about upcoming court dates:  Magistrates Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Children’s Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drug Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: OR Current CCO dates: | |

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| Please detail any history of charges (if known): |
| Programs, Services, Agencies already involved: |
| Purpose of Referral - What is hoped to be gained by connecting with a mentor?    - What are specific goals a mentor could help with? |
| Additional information: (NB: please detail any potential risks you are aware of) |
| Referrer name, agency name and contact details:    Best time to contact to discuss this referral:  How long have you been working together:  What is the anticipated duration of working together: |

**Participant Consent:**

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| This program is voluntary, and your personal information will only be used for the purpose of involvement in this program. For more information, or to view our full privacy policy on the WAM website: www.womenandmentoring.org.au |
| I consent to providing my details to WAM Signature………………………………………… Date  OR  Verbal consent given Date  \_\_\_\_\_\_   * WAM will make contact with you to organise the next step.   Is there a preferred contact time? Or anything we need to know about contacting you? |