

# REGENERATE

## REFERRAL FORM

<b>Name:</b>	<b>Date of Birth:</b>	<b>Date:</b>
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<b>Phone:</b>	Can we safely send SMS to this number? <b>Yes / No</b>
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<b>E-mail:</b>
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<b>Self Referral:</b> Yes/ No
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<b>Referral agency</b>		<b>Agency email</b>	
<b>Contact name</b>		<b>Contact phone</b>	

<p><b>General Information</b></p> <p>How did you find out about REGENERATE?</p> <p>What suburb do you currently live in (or Local Government Area)?</p> <p>Are you a survivor of family violence? <b>YES / NO</b></p> <p>Children's names, ages and gender? (if any)</p> <p>Other comments (eg. are children in school/Day care?)</p> <p>What is your usual mode of transport (car, PT) ?</p> <p>What is your level of English (<i>please note, we have no access to interpreting services</i>)</p> <p><b>Any other comments?</b></p>
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Please fill in the consent form (of not a self referral) to accompany this referral and e-mail both to [regenerate@adventureworks.com.au](mailto:regenerate@adventureworks.com.au)

**Thank you.**

### Consent to Share form

Sharing information is important so that we can help you stay safe and connect you to the support services that can help you.

By signing this form you give REGENERATE permission to share your information with

\_\_\_\_\_ (worker's name)

of, \_\_\_\_\_ (agency name)

for the purposes of best supporting you during your time with Regenerate. Your information will be kept confidential and will only be shared with

\_\_\_\_\_ (agency) and REGENERATE staff.

Both agencies will inform you of any information sharing where possible.

I, \_\_\_\_\_ (name)

consent to the collection, use and sharing of my personal and / or health information between the above mentioned agencies.

I understand that if there are serious threats to my life, health or the safety of my family or other persons, in some cases information may be shared without my consent to protect me, my family or others.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please tick if verbal consent obtained. **Date:** \_\_\_\_\_

**Worker's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Children / dependents involved in REGENERATE** (if verbal consent, REGENERATE staff will fill this out with parents).

I also give permission for Regenerate and \_\_\_\_\_ (agency) to share necessary personal and / or health information of my children / dependents

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Worker's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_