

REFERRAL FORM - CASE WORK TEAM

Referring Conference

Conference Person: _____

Contact Phone No: _____

Conference Email: _____

Companion Details

Name: _____

Date of Birth: _____

Current Address: _____

Suburb: _____ Post Code: _____

Email: _____

Phone: _____

What support would you like the case worker team to provide?

Any additional information _____

CONSENT TO SHARE INFORMATION

Consent:

I _____ (name) consent to this referral to the Case Worker and understand that information about my situation may be exchanged between the referring Conference and the ACT Conference case work team.

I understand that I may revoke my consent at any time by verbally notifying the Conference and/or the Case Work Team.

Signed

Signature

Print name

Date: _____

President approval provided: ☐

Please send to: **caseworkerACT@vinnies-cg.org.au**