Armajun Health Service Aboriginal Corporation
Indigenous Corporation Number: 8278
Trading as: Armajun Aboriginal Health Service

Social Support Services Referral Form

This form is to be use to make referral to Armajun Aboriginal Health Services for Continuing Care of clients who are Aboriginal or Torres Strait Islander decent or a family member/partner

Client Details Referral Date: _____

LAST NAME:	FIRST NAME/S:
ADDRESS:	**PHONE:** _____
DATE OF BIRTH:	**IDENTIFIES AS ABORIGINAL AND/OR TORREST STRAIT ISLANDER** ☐ **Yes** ☐ **No**

REFFERRED BY:	CONTACT NUMBER: EMAIL:

PLEASE SELECT FROM THE FOLLOWING SERVICES/S - THE CLIENT NEEDS ASSISTANCE WITH:

- ☐ Social Emotional Wellbeing
- ☐ Drug and Alcohol
- ☐ Family Connector
- ☐ Work Development Orders
- ☐ Family Healing
- ☐ Transitional Care
- ☐ Other (please state) _____

FURTHER COMMENTS OR RELEVANT INFORMATION:
(Please attach any relevant supporting documents and/or correspondence)

In Confidence - Private and Confidential
Please complete and email this referral to socialsupport@armajun.org.au

1. **Consent to share personal information**

Please note that personal information is only to be disclosed to the persons or organisations identified in this form or as identified in case notes with documentation that the client has provided consent or as required by law.

I, _____ agree to have my personal information shared between the below listed organisations and Armajun Aboriginal Health Service (AAHS).
I understand that my right to privacy is protected by the Federal Privacy Act and other New South Wales legislation.

I give my permission and consent for AAHS to share/ disclose my personal information with the following people or organisations:

- ----------
- ----------
- ----------

I understand that I can tell AAHS to stop sharing my information with anyone on this list at any time.
I also understand that if I do not want particular information shared, I can tell AAHS that too. Anything I do not want shared will not be shared, unless AAHS is required to by law.

Name of Client: _____

Signature of Client: _____ Date: _____/_____/_____

Name of Witness: _____

Signature of Witness: _____ Date: _____/_____/_____

The Caseworker has explained 'Armajun's Client Rights and Responsibilities' relating to client consent and sharing of personal Information, and a copy of this pamphlet has been provided to the client

Name of Caseworker: _____

Signature of Caseworker: _____ Date: _____/_____/_____

Please return completed form to: **socialsupport@armajun.org.au**