

Get Set for Work Program

REFERRAL FORM

Email Referral to: admin@therealgroup.com.au

Referring Organisation:		Date:
Position:		
Referrer:		
Address:		
Contact Number:		
Email Address:		
How long have you known the candidate for?		
Requested Intake Date:	Intake 1 (March 2022)	Intake 2 (August 2022)

Parent/Guardian/Carers Details (if known):		
Address:		
Contact Number:		
Email Address:		
Relationship to Candidate:		

Candidates Name:		
Date of Birth:	Gender:	Cultural Identity:
Address:		
Contact Number:		
Email Address:		
Does the client require an interpreter?	Yes	No
Is the individual aware that they have been referred to this program?	Yes	No
If not, please provide further information		

Please tick the boxes if the client presents with current or historical (if known):			
Mental Health Concerns/Diagnosis	Substance Abuse	Criminal Record	Suicidal Ideation
Exposure to Domestic Violence	Risk Taking Behaviour	Self-Harm	Medical Issue
Disability	Intellectual Impairments	Homelessness	

Please specify further information if required:

If you have any further queries or concerns, please contact:
The Real Group 4939-1445