



## Referral to CatholicCare NT

For CatholicCare NT (CCNT) Office contact details, refer to our website: [www.catholicarent.org.au](http://www.catholicarent.org.au)

CCNT Program:  Site:  Date of Referral:

### Participant Details

Name:  Date of Birth:

Gender:  Cultural Identity:  Interpreter Required

Email:  Phone:

Address:  Dependent Children: Yes  No

### School-based referrals only

Referral source: Self  Parent  Principal  Teacher  Other

Parent/guardian's name:  Phone:

Relationship to student:  Email:

Address:

Parent/guardian's name:  Phone:

Relationship to student:  Email:

Address:

Student year level:  Year level coordinator:

Home room teacher:  Day student  Boarding student

### Referrer's Details

Name:  Position:

Organisation:  Phone:

Email:

Purpose of referral:

### Risk alerts to self and others (including AOD, mental health problems, self-injury, suicidal ideation):

### Other services involved with participant

Service:	<input type="text"/>	Name of Worker:	<input type="text"/>	Contact Details:	<input type="text"/>
Service:	<input type="text"/>	Name of Worker:	<input type="text"/>	Contact Details:	<input type="text"/>
Service:	<input type="text"/>	Name of Worker:	<input type="text"/>	Contact Details:	<input type="text"/>

### Process of referral

- Participant will contact CCNT – contact details have been given to the participant
- Participant has given their permission for CCNT to contact them
- Participant agrees to be contacted via email if not contactable via phone
- Participant agrees to receive reminder SMS on their nominated phone number prior to their appointment

### Participant, Parent, Guardian or Carer Consent

I  have read, or had the information contained in this referral form explained to me, and I have been given the opportunity to ask questions.

- I agree to this information being provided to CatholicCare NT.
- I consent to CCNT storing my information on its database.

*CatholicCare NT receives funding from different bodies to provide services to you. To report on your outcomes, improve services and receive future funding, we are asked for information to create statistics. Your name and address will not be included in the shared information and your personal details will be kept confidential and de-identified, so you cannot be identified.*

*Do you give us your consent to share your de-identified information with our funding bodies?*

- I consent to CatholicCare NT uploading de-identified statistical data.
- Verbal consent provided.

Signature:  Date:

Worker's Signature:  Date:

### Corrections Use only

<b>Block:</b>	<input type="text"/>	<b>IJIS #:</b>	<input type="text"/>
<b>Offence:</b>	<input type="text"/>		
<b>Sentence:</b>	<input type="text"/>	<b>Date of Release:</b>	<input type="text"/>
		<b>Early Release Date:</b>	<input type="text"/>
<b>Risk Assessment attached:</b>	<input type="checkbox"/>		

Please send completed referral to: [intake@catholicarent.org.au](mailto:intake@catholicarent.org.au)