Commonwealth Psychosocial Support (CPS) Referral Form

Please return this Referral Form to Neami Wollongong at wollongong@neaminational.org.au

Neami National is committed to providing a welcoming, safe and inclusive environment for a diverse range of people with different cultures, backgrounds, genders, sexualities, and abilities. If there is anything you wish to share about your identity that will help you to experience the best possible service, please let us know.

SECTION A - REFERRAL INFORMATION

Eligibility criteria

Applicant must meet all of the following eligibility criteria (please tic).

- ☐ Reside in Wollongong, Shellharbour or Kiama Local Government Area
- ☐ Be 16yrs old or above
- ☐ Not accessing NDIS or similar
- ☐ Consent to referral and to engage in

Source of referral

Date of referral		Organisation/hospital	
Name of referrer			
Role		Contact number	
Email			

Has the applicant ever been supported by a CPS provider in the past?	☐ Yes ☐ No	*If yes, what was the name of the provider and the start/end dates

SECTION B - APPLICANT INFORMATION

Contact details

First name		Last name	
Preferred name		DOB	
Preferred contact number & email			
Address			
Preferred contact method		Alternative contact person	

I give my consent for Neami National to contact me about my referral (please tick)

☐ SMS ☐ Phone ☐ Email

Gender/Pronouns

Gender	
Preferred Pronoun	

Cultural considerations

Does applicant identify as:

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Cultural & Linguistically Diverse

☐ None of the above

Country of birth		Main language spoken at home	
Refugee status			

Interpreter required? ☐ Yes ☐ No

SECTION C – Experience / Identified diagnosis

A. Do you have a formal diagnosis

☐ Yes ☐ No

If yes, what is your identified diagnosis/diagnoses:	
If no, what's going on for you?	
How is your diagnosis/experience impacting your functioning day to day?	

SECTION E - CLINICAL AND OTHER SUPPORTS

Current supports in place	
Overview of support required	

SECTION H - CONSUMER CONSENT TO SHARE INFORMATION

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

I give my consent for Neami National to keep a record of my referral and to contact the person or agency referring to update any information and to see if I am still interested in CPS support.

Signed:		Date:	

OR

☐ Please tick if verbal consent was provided by the consumer.

The referrer agrees that all information submitted in this referral is an accurate reflection of the applicant's support needs, is correct with no information withheld and is necessary for CPS service provider to fulfill its duty of care to consumers and staff.

Referrer Signature:		Date:	

Please return this Referral Form to Neami National Wollongong at
wollongong@neaminational.org.au
You will receive a response from a member of our team within 5 working days.