



Referral & Permission Form

Name:	Date form is completed:
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Phone:	Can we safely send SMS to this number? Yes / No
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E-mail:	Date of Birth:
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Agency referral or self-referral?

If Agency referral

Organisation name:	Contact email:
Contact name:	Contact phone:

General questions

Q1. How did you find out about NatureConnect?
Q2. Are you a survivor of family violence? (Please circle) YES / NO
Q3. What suburb, region or local government area do you currently live in?
Q4. Do you have any children? (Please circle) YES / NO If Yes, please provide first name, age and gender of each
Q4. What is your usual mode of transport (public transport, car, other)?
Q5. What is your level of English? (Please circle) New to English Comfortable with English Native speaker <i>Please note, we don't have access to interpreting services.</i>

Q6. Are there any other comments or special needs you wish to mention?

Consent to Share Information

Sharing information with the right people helps us support your safety and connect you to the support services that can help you.

By signing this form you give Adventure Works Australia (AWA) permission to share your information with:

_____ (worker's name)

of _____ (agency name)

Your information will be kept confidential and will only be shared between this organisation and Adventure Works staff.

Both agencies will inform you of any information sharing where possible.

I, _____ (name) consent to the collection, use and sharing of my personal and / or health information between the above-mentioned agencies. I understand that if there are serious threats to my life, health or the safety of my family or other persons, in some cases information may be shared without my consent to protect me, my family or others.

Participant's Signature _____ **Date** _____

Please tick if verbal consent obtained. Date: _____

Worker's Signature _____ **Date** _____

Children / dependents involved in NatureConnect (if verbal consent, AWA staff will fill this out with parents).

I also give permission for AdventureWorks and the above-named organisation to share necessary personal and / or health information of my children / dependents

Participant's Signature _____ **Date** _____

Worker's Signature _____ **Date** _____

Many thanks, we look forward to meeting you.

Please email your completed form to: natureconnect@adventureworks.org.au