**Referral Form**

|  |  |  |
| --- | --- | --- |
| Date form completed |  | By whom: |

**Participant information**

|  |  |
| --- | --- |
| Participant’s name  |  |
| Date of birth |   | Age: |
| Street address  |  |
| Phone number  |  |
| Email address  |  |
| Gender |  | Identity if relevant: |
| Cultural heritage |  | Religion if relevant:  |
| Interpreter required? |  | Language if relevant: |
| Education/training/employment if relevant |  |
| Preferred communication method | Phone Email Text Other |

**Key contacts**

|  |  |
| --- | --- |
| Key worker name |  |
| Referring agency name (if relevant) |  |
| Phone number  |  |
| Email address  |  |
| Parent/ Guardian name (if relevant) |  |
| Phone number  |  |
| Email address  |  |
| Carer/ Significant other name (if relevant) |  |
| Phone number  |  |
| Email address  |  |
| Other key contact name |  | Relationship:  |
| Phone number  |  |
| Email address  |  |

**Hopes for participation**

|  |  |
| --- | --- |
| Reason for interest/ referral |  |
| Preferred outdoor environments  |  |
| Preferred types of adventures |  |
| Special needs/ support required |  |
| Diagnosis/ Disability (if relevant) |  |
| What you hope might be different as a result of participation  |  |

**Funding**

|  |  |
| --- | --- |
| Funded by (send invoice to) |  |
| NDIS Disability Care Number  |  |
| Other information  |  |

**Thanks for your interest in A4A**

**Please email this Referral Form to:** **a4a@adventureworks.org.au**

**For more information go to:** [**https://adventureworks.org.au/a4a/**](https://adventureworks.org.au/a4a/)