**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 Out Bush On Country**

**Please email this Referral Form to:** [**outbush@adventureworks.org.au**](mailto:outbush@adventureworks.org.au)

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