

Referral Form – Suicide Prevention Carer Support Program



I am:

- Referring myself
- Referring someone that is accessing services or support in an organisation I work in.

| Referred person's details | |
|---|---|
| Surname: _____ Given name: _____ | |
| Address: _____ | |
| DOB: _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose |
| Phone 1: Can leave message and SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone 2: Can leave message and SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email address: Can leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No | Preferred Method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email |
| Alternative contact name: Alternative Contact Relationship: _____ | Alternative contact Phone number: _____ |
| Indigenous Status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Prefer not to disclose | |
| Country of birth: _____ | Preferred language: _____ |

| Brief reason for referral to the Suicide Prevention Carer Support Program |
|---|
| |

| Referrer to complete (if referred by an organisation or service) | | |
|--|------------------------------|------------|
| Name: _____ | Organisation/Practice: _____ | |
| Position: _____ | Date: _____ | |
| Phone: _____ | Email: _____ | Fax: _____ |

| Written Consent |
|---|
| <input type="checkbox"/> I am aware that this referral is being made and that the information in this form will be shared in the process of making this referral. I know I can withdraw my consent at any time. |
| <input type="checkbox"/> I am making this referral for someone else. I have consent from this person to make this referral. |
| <input type="checkbox"/> I am making this referral on behalf of someone whom I am the appointed guardian or carer. |

| Verbal Consent |
|--|
| <input type="checkbox"/> I have discussed this referral with the person and have obtained their verbal consent to make the referral. I am satisfied that informed consent has been obtained. |

| | | |
|-----------------------------|-------------------|-------------|
| Signature: (Optional) _____ | Print Name: _____ | Date: _____ |
|-----------------------------|-------------------|-------------|

Email this completed form to: carerprogram@gph.org.au or call 1800 431 166 should you have any questions completing this.

GPH ensures that personal information is confidential and treated respectfully. Please note that our email service is not encrypted, and therefore we cannot guarantee the security of our email communications. All forms of written communication involve an element of risk that information could be read by someone other than the intended recipient. Some of the risks of using unsecured or unencrypted email include:

- emails can easily be sent to the wrong recipient
- email is often accessed on portable devices, such as smart phones, tablets and laptops, which are easily lost or stolen
- emails can be forwarded or changed without the knowledge or consent of the original sender and is vulnerable to interception.

Please keep this in mind when sharing any personal information.