

# Referral & Consent form



Interrelate can provide services to improve opportunities and quality of life for people in our communities. Our service delivery is flexible and open to adaptation as determined by the community and client's needs.

**We specialise in supporting parents, children and strengthening families through respectful relationships.**

**Services we provide include:**

- Forming and maintaining positive relationships
- Supporting families through separation
- Parenting and family counselling and support
- Interpersonal and relationship skill building
- Relationship and sexuality education
- Supporting people to be safe at home

| Contact details                                                | Client detail | Additional contact (s) |
|----------------------------------------------------------------|---------------|------------------------|
| Name                                                           |               |                        |
| Phone                                                          |               |                        |
| Email                                                          |               |                        |
| Date of Birth                                                  |               |                        |
| Suburb / town                                                  |               |                        |
| Referring worker                                               |               |                        |
| Name                                                           |               |                        |
| Phone                                                          |               |                        |
| Email                                                          |               |                        |
| Service                                                        |               |                        |
| Reasons for referral                                           |               |                        |
| What service(s) / support(s) would the person like to receive? |               |                        |
| Referring, Comments, Recommendations                           |               |                        |
| Other important information                                    |               |                        |

By forwarding this document to Interrelate you confirm that the client understands and has given consent for the following:

1. For you to provide the information in this form to Interrelate.
2. For Interrelate to receive and hold their personal details.
3. For Interrelate to contact them about the referral.

Please note that someone from Interrelate may contact you to gain additional information if needed.

**Please email this form for referrals to [interrelate@interrelate.org.au](mailto:interrelate@interrelate.org.au).**

**Please feel free to phone us on 1300 473 528 if you have any questions.**