

Date of Referral

Maroochydore Community Justice Group Level 3, Maroochydore Magistrate Court, Cornmeal Parade, Maroochydore QLD 4558 PO Box 5279, Maroochydore BC, Qld, 4558

### "Empowering Our Mob" PROGRAM

#### **REFERRAL FORM – External**

Email to: admin.MCJG@fivebridges.org.au

Client ID (if known)						
CLIENT DETAILS						
Full Name						
Preferred Name /						
Community Name						
Date of Birth						
Address						
Contact Number(s)						
Home			Mobile			
Email						
<b>Emergency Contact</b>						
name for client						
Relationship to client						
<b>Emergency Contact</b>						
Phone Number						
<b>Gender Identity</b>	Female	Male	Brotherboy	Sistergirl	Non-binary /	
	Other:		Prefer not	t to say		



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## **CULTURAL IDENTITY**

Does the client identify as a First	Yes No
Nations person?	
Cultural Heritage (tick all that apply)	Aboriginal
	Torres Strait Islander
	South Sea Islander
	Other:
Mob/Clan/Language Group (if known)	
<b>Connection to Country or Traditional</b>	
Lands	
Does the client identify as Culturally	Yes No
and Linguistically Diverse	
Interpreter required	Yes No
If yest, Language/Dialect	

# **DISABILITY OR SUPPORT NEEDS**

Disability or Support Need	Yes	No	
If yes, please provide details (e.g., physical, cognitive, psychosocial)			
NDIS Participant?	Yes	No	
Are you a Carer for someone with a disability?	Yes	No	



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## **REFERRAL SOURCE**

Referring Agency/Organisation/Self	
Refferal	
Referrer's Name & Role	
Phone	
Email	
Reason for Referral:	
(Please include strengths, goals, cultural	
needs, and any relevant background)	

## **SAFETY AND WELLBEING**

History of Violence or Trauma (tick if applicable)	Family Violence Sexual Harm Lateral Violence Intergenerational Trauma Other:		
	Other.		
Current DVO in place			
Family Court Orders			
Is there contact with person(s) of concern			
Is the client currently safe (If no, please ensure emergency response or referral to local DV service.)			
Is Department of Child Safety currently involved			
If yes, details			
Mental Health and Wellbeing Needs	Suicidal thoughts	Self-harm Ha	arm to others
	Substance use	Cultural disconne	ection
	Grief and loss	Other mental heal	th concerns



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## **CURRENT SUPPORT NETWORK**

List any services, Elders, family, or community supports currently		
involved		
OTHER RELEVANT INFORMATION	<u>ON</u>	
Include any cultural obligations,		
strengths, kinship roles, upcoming court matters, etc.		
Referrer's	Date:	
Signature		