

# IPS Referral Form

Consumer Contact Details			
First name:	<i>Enter person's first name</i>	Surname:	<i>Enter person's last name</i>
Address:	<i>Enter person's address</i>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
CRN (if known):	<i>Enter person's Centrelink reference number</i>	URN:	<i>Enter person's mental health unique reference number</i>
Date of birth:	<i>Enter person's date of birth</i>	Email address:	<i>Enter person's email address</i>
Phone number:	<i>Enter person's phone number</i>	Mobile number:	<i>Enter person's mobile number</i>
Type of contact:	<input type="checkbox"/> Face-to-face	<input type="checkbox"/> By phone	<input type="checkbox"/> By email
Referral Information			
Is the individual expressing motivation to obtain work in a competitive setting in the near future?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the individual willing to accept support and actively participate in job search activities with the Employment Specialist?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the individual currently registered with an employment agency? <DES / JobActive provider>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide relevant Centrelink allowance details:			
Describe the types of jobs the individual is interested in? How many hours per week would they like to work?			
Please describe the individual's strengths?			
Primary diagnosis:	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizo-affective disorder <input type="checkbox"/> Psychosis	<input type="checkbox"/> Bi-polar disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety disorder	<input type="checkbox"/> Personality disorder <input type="checkbox"/> No formal diagnosis <input type="checkbox"/> Other <i>If other, please provide details</i>
Does the individual currently present a safety risk to the Employment Specialist or a Work Health and Safety risk to a potential employer or workplace? <i>If yes, the Employment Specialist will contact you to develop a shared risk management strategy.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If preferred, the Employment Specialist can attend your next appointment with this individual. Please provide details of the appointment if you feel this would be beneficial.			
Comments:	<i>Possible impact of mental health or circumstances on the person's ability to find and maintain employment / preferred job / preferred working hours</i>		
Referrer Details			
Full name:		Mental Health Team:	
Job title:		Date:	
Phone number:		Email address:	
Please email the completed referral form to <email address>. The Employment Specialist will contact you <within x days>. Thank you for your referral to the IPS Program.			