

Psychosocial Support Program

Referral and Consent Form



within Australia
Call 1300 737 412
withinaustralia.org.au
intake@withinaustralia.org.au

wellways

Wellways
Call (03) 5622 4100
wellways.org
gippsland@wellways.org

SECTION 1: ELIGIBILITY

Q1 Do you reside in the Gippsland catchment area?

- No ☐ ► *Sorry, you are not eligible to access the Psychosocial Support Program*
- Yes ☐ ► *Please proceed to Q2*

Q2 Are you accessing the Early Intervention Psychosocial Response Service (MIND Australia)?

- No ☐ ► *Please proceed to Q3*
- Yes ☐ ► *Sorry, you are not eligible to access the Psychosocial Support Program*

Q3 Have you applied for the National Disability Insurance Scheme (NDIS)?

- No ☐ ► *You may be eligible! If you require support from the Psychosocial Support Program to apply for the NDIS, please proceed to Q4*
- Yes ☐ ► *Were you eligible for the NDIS?*
- Yes ☐ ► *You are not eligible for the Psychosocial Support Program, but will receive the appropriate supports via the NDIS*
- No ☐ ► *Were you a participant of the PIR, PHAMS or transition program at the time of ineligible decision?*
- Yes ☐ ► *Please proceed to Q4*
- No ☐ ► *Please proceed to Q4, other eligibility criteria may be applicable*

Q4 The participant must meet at least one of the below criteria to access the Psychosocial Support Program. Check all that apply.

- The participant* ☐ ► ☐ Has applied for the NDIS and been deemed ineligible and wishes to re-test their eligibility
- ☐ ► ☐ Identifies as Aboriginal or Torres Strait Islander
- ☐ ► ☐ Is actively involved with the justice system *ie. a client of the Court Integrated Support Program (CISP) or Community Offender Advice and Treatment Service (COATS)*
- ☐ ► ☐ Is currently homeless
- ☐ ► ☐ Is not currently engaged with any support services and has a history of non-engagement with supports
- ☐ ► ☐ Accessed Partners in Recovery (PIR), Personal Helpers and Mentors Service (PHAMS) or transition program at the time of program closure.

Q5 If you are eligible for Psychosocial Support Program, please select your preferred service provider

- Baw Baw ☐ ► *Wellways*
- South Gippsland ☐ ► *within Australia*
- Latrobe ☐ ► *within Australia* ☐ or *Wellways* ☐
- East Gippsland ☐ ► *within Australia*
- Bass Coast ☐ ► *Wellways*
- Wellington ☐ ► *within Australia* ☐ or *Wellways in Yarram* ☐
- No preference ☐

SECTION 2: PARTICIPANT DETAILS

Name

DOB

 / /

Sex

Male ☐ Female ☐ Transgender ☐ Intersex ☐ Other ☐

Are you of Aboriginal or Torres Strait Islander origin?

No ☐

Yes ☐ ► Aboriginal ☐ Torres Strait Islander ☐ Both ☐

Address

Phone

Mobile

Email

Is English your first language?

Yes ☐

No ☐ ► *Do you require an interpreter?*

No ☐

Yes ☐ ► *Language*

What is your employment status?

Employed ☐ Unemployed ☐ Studying ☐

What is your main source of income?

Employment ☐

Centrelink ☐ ► Disability Support ☐

Newstart ☐

Other pension ☐ ► *Please specify*

Other income ☐ ► *Please specify*

Are you currently involved with the justice system?

No ☐

Yes ☐ ► *Order type*

Expiry of order

 / /

Support Officer/Agency

Please seek further advice from intake to ensure referral appropriateness.

SECTION 3: REFERRAL INFORMATION

Q1 Provide a summary of the reason for referral, including mental health diagnosis and other relevant participant history

Please describe

Q2 Is the participant a potential risk to themselves or to others? Include any alerts for staff, such as behaviours of concern

Please specify

SECTION 4: NEXT OF KIN

Name

Relationship to participant

--

Phone

()

SECTION 5: REFERRER INFORMATION

Name

Organisation / Relationship to participant

--

Phone

()

Email

--

Referrer Signature

Date / /

SECTION 6: CONSENT TO SHARE INFORMATION

Gippsland Primary Health Network (PHN) request your permission to share information during the transition from your current Partners in Recovery (PIR) or Personal Helpers and Mentors Service (PHAMS) to a new Psychosocial Support Program.

The PIR and PHAMS programs closed on 30 June 2019. The Psychosocial Support Program will continue to support you to transition to ongoing support arrangement as you choose, including the National Disability Insurance Scheme (NDIS) and Continuity of Supports (CoS).

Gippsland PHN and services funded by Gippsland PHN under the Psychosocial Support Program are required to collect and use information about you. This includes personal information, and information about the services you are receiving. This information is used by the employees involved in delivering services to you, and by employees at Gippsland PHN to ensure you get the right service for your needs, including consent to treatment.

As the overall program funder, the Department of Health require the collection of deidentified data, which will be used to evaluate and improve mental health services in Australia. This data does not include any information that could identify you (ie. your name, address or Medicare number).

Does the participant have the capacity to consent to the collection of information, as outlined above?

Yes ☐ ► *The Support Facilitator has discussed with me how and why certain information about me may be shared with other service providers, as above. I understand this, and consent for my information to be shared with other service providers and Gippsland PHN, along with deidentified data to be shared with the Department of Health.*

Verbal consent ☐

Written consent ☐ ► *Participant Signature*

Date / /

No ☐ ► The participant does not understand the nature of what they are consenting to, nor the possible consequences.

Is an Authorised Representative present?

Yes ☐ ► *Name of Authorised Rep.*

No ☐ ► There is no Authorised Representative present or they are uncontactable. Therefore, the information will be shared as set out in the *Health Records Act 2001**

within Australia

Call 1300 737 412

withinaustralia.org.au

intake@withinaustralia.org.au

Bairnsdale

265 Main Street

Bairnsdale VIC 3875

Orbost Regional Hospital

29 Browning Street

Orbost VIC 3888

Sale

Level 1/89 Raymond Street

Sale VIC 3850

Traralgon

18B Church Street

Traralgon VIC 3844

Wonthaggi

85 Watt Street

Wonthaggi VIC 3995

wellways

Wellways

Call (03) 5622 4100

wellways.org

gippsland@wellways.org

Warragul

3/78 Smith Street,

Warragul VIC 3820

Wonthaggi

99 Graham Street

Wonthaggi VIC 3995

*If it is not reasonably practical to obtain consent from an Authorised Representative or the participant does not have an Authorised Representative, health information can still be shared in the circumstances set out in the *Health Records Act 2001*. This includes where the sharing of information is done by a health service provider and is reasonably necessary for the provision of a health service or where there is a statutory requirement.