

# TasRec Referral Form

## *Personal Information*

<b>Name:</b>	
<b>Address:</b>	
<b>Suburb:</b>	
<b>Date of birth:</b>	<b>Gender:</b>
<b>Phone:</b>	
<b>In what country were you born?</b>	
<b>What language do you mainly speak at home? English/ other please specify</b>	
<b>Are you of aboriginal or Torres Strait Islander origin?</b>	
No / Aboriginal/ Torres Strait Islander/ I'd prefer not to say	
<b>Do you have an NDIS Plan?</b>	

<b>Emergency contact 1:</b>	<b>Emergency contact 2:</b>
<b>Address:</b>	<b>Address:</b>
<b>Suburb:</b>	<b>Suburb:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Relationship:</b>

**To be completed by Referral Agency (if applicable):**

<b>Name:</b>	
<b>Agency/Position:</b>	
<b>Phone contact:</b>	
<b>Email:</b>	
<b>Referral Date:</b>	
<b>Does the participant have any known risks or forensic history? y/n</b>	<b>Please describe:</b>
<b>Has the participant ever been convicted of a violent or sexual crime?</b>	

Signed \_\_\_\_\_

**Referral Information****Further Information (to be completed by or with participant)****What are your areas of interest in coming to TasRec activities?**

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**Do you have any skills that you would like to share with others, or would like to learn?**

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**What is your main method of transport (i.e own car, friends/family, bus)?**

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**What are your main reasons for joining TasRec? Tick as many that apply:**

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|--|---|--|
| <input type="checkbox"/> Socializing         | <input type="checkbox"/> Getting out of the house         | <input type="checkbox"/> Stress management         |
| <input type="checkbox"/> To get fit          | <input type="checkbox"/> To prepare for work/volunteering | <input type="checkbox"/> To meet new people        |
| <input type="checkbox"/> Reduce boredom      | <input type="checkbox"/> To get involved in my community  | <input type="checkbox"/> To help me reduce smoking |
| <input type="checkbox"/> To do something fun | <input type="checkbox"/> To improve my self-esteem        | <input type="checkbox"/> To help me lose weight    |
| <input type="checkbox"/> Anything else?      | Let us know!.....   |  |

**What goals would you like to work on in the next 3 months?**

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## Medical information

The following medical information may help in the unlikely event of an accident or illness. Please complete this form as accurately as possible. The information you disclose will be confidential and will only be used to help staff respond to any injury or illness.

### Mental Health Diagnosis:

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### Are you currently taking any medications? If so, please list:

(Please be aware that the secure management of your medications at activities is an individual's responsibility. Employees will not be able to store or hold medications).

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### Do you experience any medical conditions requiring regular or intermittent medications or injections? If so, please indicate:

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### Do you experience any of the following conditions? (Please circle any applicable)

Arthritis

Asthma

Diabetes

Epilepsy

Bleeding Condition

Kidney Disease

Heart Disease

High blood pressure

### Do you have any allergies (please specify – including allergic reactions and treatment)

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**Do you take any intermittent PRN medications?**

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**If yes, please name and outline their dosage and frequency of use:**

**(Please be aware that the secure management of your medications at activities is an individual's responsibility. Employees will not be able to store or hold medications).**

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**Do you have a history of heart problems? If so, describe and outline any limitations these may cause?**

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**Do you have any disabilities/physical limitations? If so, please describe:**

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**Do you have any fears or phobias that may affect your participation in activities?**

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**If you are experiencing feelings of heightened stress, do you have any strategies that help to reduce these feelings?**

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*NB. If you have a Safety plan or Wellness recovery action plan (WRAP) or something similar that you think would be helpful for us to understand your needs better, please feel free to attach a copy. Y/N*

**Do you have any other health concerns that we should be aware of (please specify):**

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**Have you had a recent tetanus toxin injection? If so, when: \_\_\_\_\_**

<b>Name of GP:</b>	
<b>Phone:</b>	

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Rights & Responsibilities

### ***Participants Rights***

All participants in TasRec have the right to:

- Respectful and courteous treatment from all staff and other Participants and visitors/students
- Personal safety and protection from economic, physical and sexual exploitation
- To feel safe and accepted, not to be discriminated against based on nationality, culture, religion, gender or sexuality
- Confidentiality of all personal and health information
- Privacy and respect of personal space and possessions
- Service that is delivered in a safe, non-violent and supportive manner
- The opportunity to be involved in program planning, decision making and evaluation
- A clear process for raising concerns, making a complaint and providing feedback
- Have the assistance of an advocate of their choice as desired

### ***Participants Responsibilities***

When participating in TasRec activities, participants have a responsibility to:

- Treat all other participants, staff, students, volunteers, service providers and community members with dignity and respect
- To follow staff direction and observe all safety requirements of activities
- Safely and securely store any medications that are required throughout an activity (please be aware that employees are not able to store or hold medications).
- Not bring, use or be in possession of weapons of any kind (e.g knives, guns, martial arts equipment) while on a (new program name) sponsored activity or outing
- Not engage in any illegal activities on our premises or while on a sponsored activity or outing
- Not to be in possession of, and not be under the influence of alcohol or illicit drugs whilst on our premises or while on a sponsored activity or outing
- Refrain from any form of abuse, intimidation or harassment, or aggressive, rude, or violent behaviour at all times.
- Behave in a way that does not jeopardise your own or other people's safety
- Pay for any additional expenses as stipulated prior to the activity
- Adequately protect and maintain all personal possessions and belongings on our premises or while on a sponsored activity or outing

**In the event these responsibilities are not met you may:**

- Be asked to leave immediately (in which case you may need to make your way home independently)
- Be denied access to future activities
- Be required to take corrective action before participating in any future activities

I, \_\_\_\_\_ (name)

Have read and had explained to me the above rights and responsibilities and acknowledge that my participation in the program is dependent on abiding by the responsibilities outlined.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**\*Please note: TasRec is not liable for any losses or damage to personal property or belongings which may occur during a sponsored activity.**