|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Email Completed form to** [**Intake@gallangplace.org.au**](mailto:Intake@gallangplace.org.au)  *ALL information on this form is treated as confidential as per Gallang Place’s Policies and Procedures* | | | | | | |
| ` |
| ***OFFICE USE ONLY:*** | | | | | | |
| Intake Officer |  | | | DATE RECEIVED | |  |
| ProGRAM | Fee For Service  EAP  ADult  Youth  Other | | | | | |
|  | | | | | | |
| ***Client Details*** | | | | REFERRAL DATE | |  |
| Name |  | | | DATE OF BIRTH | |  |
| Home Address |  | | | PHONE | |  |
| CLIENT EMAIL |  | | | used gallang services before? | | Y N |
| PREFERRED CONTACT | EMAIL / PHONE CALL / TEXT | | | CLIENT CONSENT TO CONTACT | | Y N |
| GENDER | MALE FEMALE OTHER | | | | | |
| I Identify as: | | ABORIGINAL | TORRES STRAIT  ISLANDER | | BOTH | |
| next of kin | |  | Emergency Contact | |  | |
| IS CLIENT SUBJECT TO ANY CHILD PROTECTION ORDERS?  Y  N  **( IF ‘YES’ PLEASE ATTACH )** | | | | | | |
| Type of Support: | | | | | | |
| Anger Management  Behavioural  Domestic Violence | | Drug / Alcohol  Grief and Loss  Relationship | Suicide / Self Harm  Self-esteem  Trauma | | Anxiety  Depression  Workplace issues  Other, *please specify in*  *notes section* | |
| ***Notes***  *I have attached additional information* | | | | | | |
|  | | | | | | |
|  | | | | | | |
| ***Referrer Details IF self Referral –*** *please identify other service providers* | | | | | | |
| REFERRER Name | |  | Relationship | |  | |
| REFERRER email | |  | | | | |
| Client consent for referral? | | **(MUST OBTAIN CONSENT)**  Y N | | | | |
| REFERRER Contact No. | |  | AGENCY [IF APPLICABLE] | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CONSENT TO COUNSELLING:**  **If the client is under the age of 17 years of age the Parent/Guardian must complete the following:**  I consent to my child being seen by a Counsellor.   |  | | --- | | **Name** **of Parent/Guardian** | | **Signature** **of Parent/Guardian:** | | **Date** |   **Verbal PARENT/GUARDIAN Agreement and consent:**  Verbal PARENT/GUARDIAN consent should only be used where it is not practicable to obtain written consent.  **oNLY VERBAL parent/guardian CONSENT PROVIDED:**  I HAVE DISCUSSED THE REQUIRED INFORMATION ON THIS FORM WITH THE CLIENT’S PARENT or their authorised representative. I am satisfied that the client’S PARENT (or their representative) understands the information in this document and has provided their agreement and consent.   |  |  | | --- | --- | | **Cousellor Name:** | **DATE:** | | **COUNSELLORS SIGNATURE:** | | |