



## V6 02/05/2025

*ALL information on this form is treated as confidential as per Gallang Place's Policies and Procedures*

INTAKE OFFICER		DATE RECEIVED	
PROGRAM	<input type="checkbox"/> FEE FOR SERVICE <input type="checkbox"/> EAP <input type="checkbox"/> ADULT <input type="checkbox"/> YOUTH <input type="checkbox"/> OTHER		

<b>NOTES</b>	<input type="checkbox"/> I HAVE ATTACHED ADDITIONAL INFORMATION

REFERRER NAME		RELATIONSHIP	
REFERRER EMAIL			
CLIENT CONSENT FOR REFERRAL?	(MUST OBTAIN CONSENT) <input type="checkbox"/> Y <input type="checkbox"/> N		
REFERRER CONTACT No.		AGENCY [IF APPLICABLE]	



**GALLANG PLACE**

Aboriginal and Torres Strait  
Islander Corporation

# INTAKE FORM

V6 02/05/2025

## 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:	