



BushMob Aboriginal Corporation Referral

This form is to be completed in full when applying to have a Client/Young Person referred to BushMob. A thorough assessment can only be made if all information required on this form is true and correct and filled in fully.

Date of Referral: _____

Client's Name: _____

Date of Birth: _____ Age: _____ Male Female

Medicare Number: _____ Centrelink Number: _____

Usual Address: _____

Client Phone Number: _____

Who does the Client live with? Parent Guardian Other Language: _____

Spoken English Understood English

Aboriginal Language (which?): _____

Is the Client aware/accepting of this referral? _____

Referring Agency _____

Referring worker name and contact _____

Family

Biological parents: _____

Current guardian: _____

Siblings: _____

How does your client get along with family? _____

Who are his/her closest friends? _____

Is there a girlfriend or boyfriend? _____

Has any family member attended BushMob programs or received AOD/VSA treatment? Yes No

Education

When was last attendance at school? _____

Name of school: _____

Highest grade completed: _____

School attendance is a requirement of BushMob for all school age clients.

Is the client willing to attend school? ? Yes No

Medical

Does your Client have any medical conditions/problems? (Please identify and attach any reports):

Current Doctor or medical service details and contact numbers:

Does your Client take any prescribed medication? (Identify reason and type of medication):

Does your Client have any allergies?

Legal

Please outline the nature of the offence and charges and attach a copy of current orders:

Pending Court Dates: _____

Lawyer name and contact details: _____

Email: _____ Phone: _____ Mobile: _____

Territory Families contact details: _____

Email: _____ Phone: _____ Mobile: _____

Community Corrections case officer name: _____

Email: _____ Phone: _____ Mobile: _____

Is Territory Families aware and supportive of the referral? Yes No

Is your client under any Child Protection Orders (please specify):

Alcohol and Other Drug including Inhalants Use History

Has your Client ever used any of the following?

Substance	Yes	No	How long?
Petrol			
Glue			
Paint			
Other Inhalants, Solvents			
Marijuana			
Alcohol			
Amphetamines			
Opioids, Heroin, Methadone			
MDMA, Ecstasy			
Tranquilizers, Depressants			
Prescription Medication			
Other			

Does anyone else in the family use solvents/substances? Yes No

What solvents/substances are used? _____

Does your Client use solvents/substances on their own or with others? _____

Has your Client ever considered reducing or quitting? Yes No

Has your Client got into physical fights when using solvents /substances? Yes No

Has your Client ever caused serious injury to others? Please elaborate:

Does your Client have any medical, physical, psychological, emotional problems because of the use of solvents/substances? Please elaborate and attach relevant reports:

Psychological Functioning

Has your Client ever spoken about killing himself/herself?

Has your Client ever attempted to kill himself/herself? Yes No (Please give details):

How many times? _____

Does your client ever say he/she hears voices? Yes No

Is there any known history of sexual, physical or emotional abuse? Yes No

If yes, at what age, was it reported and what is the current status of the report:

Has he/she reported communicating with spirits no one else can see or hear and how often has this happened?

Have these been positive or negative experiences for the Client:

Has your Client had any Psychiatric /Psychological/Cognitive testing or counseling? Yes No
(If yes please identify and attach any medical assessments and documentation):



BushMob Aboriginal Corporation Consent Form

Young Person: _____

Date of Birth: _____

This form must be signed by a parent, guardian, spouse or responsible person over the age of 18.

Authorisation for RELEASE AND EXCHANGE OF PERSONAL INFORMATION

To ensure the Young Person receives the best case-management and care possible, we will need to discuss personal information with other services and individuals such as medical professionals, Mental Health clinicians, other relevant services, identified family members and support people.

Authorisation for USE OF MEDIA IMAGES

Bushmob Media Department takes images, creates videos/audio's of our Young People during participation in our program, which may be used on our website or in other Bushmob Media Productions.

Authorisation for PARTICIPATION IN COUNSELLING SESSIONS

It is expected that participants in our program will undertake counselling sessions with Mental Health clinicians.

Authorisation to WORK WITH LARGE ANIMALS

As part of our program Young people will be engaging with large animals such as horses, camels and cattle, and will learn appropriate handling techniques.

I,, give permission for the named Young Person to participate in the above mentioned components of the BushMob program.

Signature of Consenting Person: _____

Relationship to Young Person: _____

Date: _____

BushMobCase Worker (Name and Signature): _____



BushMob Aboriginal Corporation Medical Consent

This form must be signed by a parent, guardian, spouse or responsible person over 18.

Participants Name: _____ Date of Birth: _____

Home Address: _____

Phone: _____

Emergency Contact: _____

Relationship to Participant: _____ Phone: _____

Asthma: Yes/No; If Yes, do you carry a puffer or inhaler? Yes/No; Do you have it with you? Yes/No.

Diabetes: Yes/No; If Yes, what treatment: _____

Are you currently on any medication? Yes/No;

If Yes, provide details: _____

Do you have any allergies? Yes/No;

If Yes, provide details: _____

Can you swim? Not at all Poor Fair Good

Can you ride a horse? Not at all Poor Fair Good

I, (responsible adult)..... understand the nature of the BushMob program and the risks involved.

I give consent for BushMob staff to seek medical assistance for
.....

Signature: _____

Relationship to Participant: _____

Date: _____



BushMob Aboriginal Corporation Exit Plan

To ensure a smooth transition from BushMob at the completion of the program, we ask that you detail the exit plan.

BushMob occasionally has to discharge a client from the program prior to completion, ie: family emergency, continued non-compliance or breach of the rules, etc. In this instance it is important that the earliest possible arrangements for travel are in place, and the exit plan detailed below will be implemented.

The referring agency is responsible for the transition of the client, including costs, whether at completion, or in the event of an emergency exit.

- Where will the client be discharged to?

- Mode of Transport ?

Should this be a plane or bus, please email a copy of the ticket prior to travel.

Referring Person's Name and Signature.

Agency and Contact Details

Date _____