



# BushMob Aboriginal Corporation REFERRAL IN

**Referring Agency:**

Agency:..... Phone:.....  
 Address:..... Fax:.....  
 Name of Referrer:..... Email:.....

**Young Person Information:**

Name:.....  
 DOB:..... Age:..... M  F   
 Medicare Number:..... Centrelink Number:.....  
 Usual Residential Address:.....  
 Young Person Phone Number:.....  
 Who does the Young Person live with:.....  
 What is the carers best contact number:.....  
 Primary language spoken:.....  
 English proficiency:.....  
 Young Person understands reason for referral?.....

**Young Person:**

Understands about the BushMob program?.....  
 Understands it is of 16 weeks duration?.....  
 Agrees to attend school (if school aged) or participate in training or employment (if older)?  
 .....  
 Consents to the referral?:.....  
 Young Persons goal in attending BushMob:.....  
 .....  
 What are the Young Persons strengths?.....  
 .....

**Referral Context:**

Summary of Young Persons issue/s:.....  
 .....  
 .....

Reason for Referral:.....  
 .....  
 .....

Residential Referral: Y  N  Outreach Referral: Y  N



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### Family History:

Does the parent/ guardian support the referral ?.....

Biological parents:.....

Current guardian:.....

Phone Contact:.....

Consents to the referral?:.....

Emergency Contact and name (if different):.....

Siblings:.....

### Education:

Last School attendance:.....

Highest grade achieved:..... Name of School:.....

Can the Young Person:

Swim ?                      Not at all                       Poor                       Fair                       Good

Ride a horse ?                      Not at all                       Poor                       Fair                       Good

### Alcohol and Other Drug Use History:

Has the Young Person ever used any of the following ?

Substance	Yes	No	Last use ?
Petrol			
Glue			
Paint			
Other inhalants, solvents			
Nicotine			
Marijuana			
Alcohol			
Methamphetamines (Speed, Ice)			
Opioids (Heroin, Morphine, Methadone)			
MDMA, ecstasy			
Tranquilisers, depressants			
Prescription Medications			
Other			



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## Alcohol and Other Drug Use History:

Is the Young Person considering reducing or quitting?    Y     N

Specify previous withdrawal history, including pharmacotherapy and complications, if any

.....  
.....

Specify previous AOD treatment history, including agency, duration of stay and reasons for discharge

.....  
.....

## Mental health and Well-being:

Was there a suicide risk at the time of making the referral?    Y     N

If yes, specify:.....

Any losses which the YP may be grieving or experiencing unresolved grief?    Y     N     Not known

If yes, specify:.....

Is there a history of hearing voices and/or seeing things that are not there?    Y     N     Not known

If yes, specify:.....

Is there a history of sexual, physical or psychological abuse of the YP?    Y     N     Not known

If yes, specify:.....

Is there a history of inappropriate sexual behaviours?    Y     N     Not known

If yes, specify:.....

Is there a history of physical or other harm to others?    Y     N     Not known

If yes, specify:.....

.....

Are there psychiatric/ psychological/ cognitive/ or other tests?    Y     N     Not known

If yes, please attached assessments and other documentation

Specify treatment for a mental health issue or condition:.....

.....  
.....



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### Medical History:

Current GP or Primary Health Care Service:.....

Contact Name:.....

Phone:..... Email:.....

Specify current medical conditions (including whether there is a history of asthma, rheumatic heart disease or insulin dependent diabetes) or other medical problems, and attach medical reports (if any):

.....  
.....

Specify current medications: .....

.....

Specify known allergies:.....

.....  
.....

### Legal History:

Youth Justice / Community Corrections/ Youth Outreach (such as Territory Families)

Agency:.....

Contact Name:.....

Phone:..... Email:.....

Specify current legal issues:.....

Specify current orders:.....

Specify pending court dates:.....

Specify past legal history:.....

.....  
.....  
.....  
.....

Copies of current orders attached:      Y       N

If no, then reason why?.....



# BushMob Aboriginal Corporation REFERRAL IN

**Child Protection History:**

Agency:.....

Contact Name:.....

Phone:..... Email:.....

Alice Springs Child Protection Contact Person:

Contact Name:.....

Phone:..... Email:.....

Specify current child protection orders:.....

.....

.....

Summarise past child protection history:.....

.....

.....

Specify current child protection investigations:.....

.....

.....

**Other agencies involved (attach further pages if required):**

Agency:.....

Contact Name:.....

Email:.....

Phone:.....

**Additional Information:**

Is there any additional information relevant to the referral?

.....

.....

.....



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### Exit Planning:

It is the responsibility of the referring agency to liaise with BushMob in a timely manner to facilitate the exit of Young People. All costs associated with travel to and from BushMob are the responsibility of the referrer.

Where will the Young Person be returning to? .....

What mode of transport will be provided? .....

Name, position title, phone and email contact details of the person who will arrange the exit travel:

Name: .....

Position Title: .....

Phone:..... Email:.....

Alternative contact if primary person unavailable (such as out bush):

Name:.....

Position Title: .....

Phone:..... Email: .....

### Validation of referral:

- I acknowledge that:
1. The information in the referral is accurate and complete, and;
  2. A signed consent is attached.

Referrer Name: .....

Position Title: .....

Phone:..... Email:.....

Referrer Sign:..... Date: .....

Completed referrals can be emailed to: [intake@bushmob.com.au](mailto:intake@bushmob.com.au)

For further information: (08) 8953 3798



# BushMob Aboriginal Corporation REFERRAL IN

**Consent:**

Name of Young Person:..... Date of Birth:.....

This consent form is to be explained verbally to the parent, guardian or other responsible person over the age of 18 years if the Young Person is under 18 years of age, or to the Young Person if over 18 years of age. They should sign the form only if they have indicated that they understand what they are consenting to and why.

1. Consent for the release and exchange of personal information

By consenting to the release and exchange of personal information you are agreeing to BushMob discussing personal information about the Young Person with other services and individuals such as medical professionals, mental health clinicians. This permission helps BushMob to provide the best support possible for the Young Person.

2. Consent to the use of media images

By consenting to the use of media images of the Young Person you are agreeing to the image of the Young Person being on the BushMob website or used for other BushMob Media productions. Permission means the Young Person can participate in the BushMob media program and promotional activities.

3. Consent to participate in bush activities

By consenting to participate in bush activities you are agreeing to the Young Person travelling by vehicle along unsealed roads into remote locations to camp and participate in activities that are part of the BushMob program. BushMob staff are appropriately trained in safety practices, risk assessment and all Young People are provided with adequate food, water, clothing, sun shelter and equipment. There is still a risk of injury in the bush. This permission means you understand this risk and give permission for the Young Person to participate in the BushMob bush activities.

4. Consent to work with large animals

By consenting to working with large animals you are agreeing for the Young Person to participate in the horse riding, cattle and other activities with large animals that are part of the BushMob program. BushMob provides all Young People with safety equipment and appropriate handling techniques, but there is still a risk of injury when around large animals. This permission means you understand this risk and give permission for the Young Person to participate in the BushMob large animal program activities.

5. Consent to seek medical care

By consenting to BushMob seeking medical care you are agreeing to BushMob arranging for a general health and dental care as part of the BushMob program, and for BushMob to seek emergency medical care for accident, injury or illness whilst the Young Person is in our care.

I, (responsible adult/ or Young Person if over 18 years).....

have had this consent explained to me by..... on the (date).....

**By signing this consent, I agree to (tick yes or no):**

- |   |   |                          |   |                          |
|---|---|--------------------------|---|--------------------------|
| 1. Consent for the release and exchange of personal information | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. Consent to the use of media images                           | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. Consent to participate in bush activities                    | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 4. Consent to work with large animals                           | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 5. Consent to seek medical care                                 | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

**Signature:**.....

**Relationship to Young Person (if responsible adult):**.....

**Date:**.....