



# BushMob Aboriginal Corporation

BushMob Aboriginal Corporation is an Aboriginal community-controlled organisation in Mparntwe (Alice Springs). BushMob runs a voluntary 16-week Residential Rehabilitation Alcohol and Other Drug\* (AOD) Service for Young People aged 12-25 years old. BushMob does not enter into subcontracting arrangements concerning out of home care placements.

BushMob provides holistic well-being focused support to Young People with AOD related issues.

The BushMob program offers:

- Safe accommodation
- A structured daily program
- Recreational activities (including Bush Adventure Therapy, Horse Culture and Healing)
- Life skills development
- AOD education program
- Case management
- Counselling (generalist and AOD)
- Work readiness for Young People aged 17+
- School engagement
- Art, music, and sport
- Post-exit support

BushMob accepts referrals from Young People, their families, and any services. Young People can join the program at any time of the year with Monday–Thursday being intake days.

When a referral is received, it is assessed based on considering factors such as:

- The presence of AOD
- Young Person's circumstances, and
- Whether the Young Person chooses to participate

Should the referral be accepted, entry dates will be confirmed with the referrer promptly.

**Please note it is the referring agency's responsibility to arrange and cover all costs associated with travel to and from BushMob for the Young Person.**

BushMob also accepts interstate referrals in a limited capacity. BushMob is contractually obliged to charge for interstate referrals. Please contact us for more information.

\*AOD includes volatile substance use

Completed Referrals can be emailed to: [intake@bushmob.com.au](mailto:intake@bushmob.com.au) Further Information: (08) 8953 3798



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## Referral

<b>Referring Agency</b>		Date of Referral	
Name of Referrer		Phone	
Position Title		Address	
Email			

### **Young Person Information**

Name		DOB	
Best Contact Number		Age	Gender
Usual Residential Address <i>(Not Correctional / Detention Facility)</i>			
Primary language/s spoken		Centrelink Number	
English Proficiency		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Birth Certificate attached? <i>(Required for School enrolment and ID purposes)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

### **Does the Young Person**

Consent to this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understand BushMob is a Residential Rehabilitation Alcohol and Other Drug Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Understand BushMob is a 16-week program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agree that if school-aged, they are required to attend school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agree that if older, they are required to engage in training and/or employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Know how to swim?	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input type="checkbox"/>
Know how to ride a horse?	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input type="checkbox"/>
<b><u>Referral Context</u></b>	Residential <input type="checkbox"/> Outreach <input type="checkbox"/>

Reason for the referral

What is the Young Person's goal/s in attending BushMob?

What are the Young Person's strengths?



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## Referral

<b>Family Information</b>			
Current Guardian/s		Phone	
Biological Parents			
Siblings			
Who does the Young Person live with?			
Is the family aware of the referral and if under 18 years of age do, they consent to the referral?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Name			
Emergency Contact Phone			
<b>Education</b>			
Name of School	Last attendance	Highest grade achieved	
<b>Alcohol and Other Drug Use History</b>			
Has the Young Person ever used any of the following Substances?		Last use?	
Petrol	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Glue	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Paint	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Inhalants, Solvents (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nicotine	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alcohol	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Methamphetamines (Speed, Ice)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Opioids (Heroin, Morphine, Methadone)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MDMA, Ecstasy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tranquillizers, Depressants	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Prescription Medications	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the Young Person considering reducing or quitting?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify previous withdrawal history, including pharmacotherapy and complications, if any			
Specify previous AOD treatment history, including agency, duration of stay and reasons for discharge			



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## Referral

### Mental Health and Wellbeing

Was there a suicide risk at the time of making the referral? Yes  No  Not Known

If yes, specify:

Is there a history of suicide risk? Yes  No  Not Known

If yes, specify:

Is there a history of self-harm? Yes  No  Not Known

If yes, specify:

Has the young person experienced any loss and may be grieving? Yes  No  Not Known

If yes, specify:

Is there a history of physical, psychological, or sexual abuse of the young person? Yes  No  Not Known

If yes, specify:

Is there a history of hearing voices and/or seeing things that are not there? Yes  No  Not Known

If yes, specify:

Is there a history of inappropriate sexual behaviours? Yes  No  Not Known

If yes, specify:

Is there a history of physical or other harm to others? Yes  No  Not Known

If yes, specify:

Has there been any psychiatric/ psychological/ cognitive/ or other assessments? Yes  No  Not Known

If yes, please attach assessments and other documentation

Specify any current treatments



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## Referral

<b>Medical Information</b>					
Current GP or Primary Health Care Service					
Email		Phone			
Medicare number		Position		Expiry	
Does the young person have any current medical conditions or other medical problems? (Including whether there is a history of asthma, rheumatic heart disease or insulin-dependent diabetes)				Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	
				If yes, specify and attach medical reports (if any)	
Is the young person currently on any medications?				Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	
If yes, specify:					
Does the young person have any allergies?				Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	
If yes, specify:					
<b>Child Protection Information</b>					
Contact Name		Agency			
Email		Phone			
Specify current child protection investigations and/ or child protection orders (if any)					
Specify past child protection history (if any)					
<b>Legal Information</b>					
Contact Name		Agency			
Email		Phone			
Specify current legal issues					
Specify current orders and attach copies of those orders					



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## Referral

Specify any pending court dates			
Specify legal history			
<b>Other agencies involved (attach further pages if required)</b>			
Contact Name		Agency	
Email		Phone	
<b>Additional Information</b>			
Is there any additional information relevant to the referral?			
<b>Exit Planning</b>			
It is the responsibility of the referring agency to provide BushMob with an exit plan. All costs associated with travel to and from BushMob are the responsibility of the referring agency. <i>In the event of an emergency exit, the referring agency will be required to promptly implement the exit plan.</i>			
What address will the Young Person be returning to?			
What mode of transport will be provided?			
<b>Contact details of the person who will arrange the exit travel</b>			
Contact Name		Agency	
Email		Phone	
<b>Alternative contact if primary person unavailable (such as their out bush or on leave)</b>			
Contact Name		Agency	
Email		Phone	
<b>Validation of referral</b>			
I acknowledge that	1. The information in the referral is true, accurate and complete		
	2. Signed consent is attached		
Referrer Name			
Signature		Date	

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## Consent

If the young person is under 18 years of age the consent must be signed by a responsible adult (e.g., the parent or current guardian)

Young Person's Name

DOB

### 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 you/the Young Person with other services and individuals such as medical professionals and mental health clinicians. This permission helps BushMob to provide the best support possible for you/the Young Person.

### 2. Consent to seek medical care

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

### 3. Consent to participate in bush activities

By consenting to participate in bush activities you are agreeing to you/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 consent to you/the Young Person to participate in the BushMob bush activities.

### 4. Consent to work with large animals

By consenting to work with large animals you are agreeing for you/the Young Person to participate in the horse-riding program 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 consent to you/the Young Person participating in animal-related activities at BushMob.

### 5. Consent for use of images/videos

By consenting to the use of images/videos of the Young Person you are agreeing to your/their image being used by BushMob for reasons such as the website, annual reports, social media, posters. Permission means you/the Young Person can participate in the BushMob media program and promotional activities.

### By signing this consent form, I agree to (tick yes or no)

1. Consent for the release and exchange of personal information

Yes  No

2. Consent to seek medical care

Yes  No

3. Consent to participate in bush activities

Yes  No

4. Consent to work with large animals

Yes  No

5. Consent to the use of images/videos

Yes  No

Name

Date

Signature

Relationship to Young Person (if responsible adult)