

Referral to Konekt for Individual Professional Services (please complete all form fields*)

KONEKT

Participant details

Date:

Participant name: Preferred name: (If different)

Participant phone: Participant email address:

Participant address:

Does the participant identify as: Aboriginal Torres Strait Islander

Interpreter required: Yes No Interpreter language:

Program (WfA, DES, ParentsNext): Benchmark hours:

Site name: Site code:

Name of employment consultant / parent and family pathway planner:

Aim of service (Please select one)

- Help participant overcome personal barriers by offering strategies
- Assistance with motivational counselling
- About to commence employment, requires counselling to understand expectations
- Provide guidance on behaviours regarding difficulties experienced at work
- Identify realistic work options

What are the participant's barriers (Select all that apply)

- Mental health
- Lack of motivation
- Homelessness
- Domestic violence
- Trauma
- Anxiety
- Eating disorder
- Physical
- Substance abuse
- Anger management
- Refugee
- Grief/loss

Does the participant have any work goals?

- Yes No

If yes, what are the participant's work goals?

Other relevant information:

Is this a re-referral (Choose an item)

- Yes No

Name of previous consultant (if known)

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Please email completed form to response@konekt.com.au