

Reasonable Adjustment Service Referral Form

KONEKT

Date of referral:

Employee details *required

Mr/Mrs/Mx:

Interpreter required: Yes: No:

Surname:

Language:

First name:

Primary work location: Office: Home: Both:

Date of birth:

Primary work address or home address (if primary work location):

Position:

Contact number:

Email address:

State:

Postcode:

Leader details

Company:

Human resources / inclusion representative: *if applicable

Contact:

Contact:

Address:

Role:

State:

Postcode:

Address:

Phone:

State:

Postcode:

Email address:

Phone:

Email address:

Background information

Nature of condition/reason for referral:

Additional comments/needs:

Please confirm employee has been engaged and supported this referral process? Yes No

Please confirm employee consented to this information being shared with Konekt? Yes No

Does employee require a support person, or wish to have one involved? No or

Employee has indicated that they would like the following person to participate as a support person:

Referred by:

Role:

Date:

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

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