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



## Participant details

Participant information sharing consent: I agree the participant below has given consent	to share their personal information with Konekt.	
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, Parent Pathways):	Benchmark hours:	
Referrer details		
First name:	Last name:	
Referrer phone:	Referrer email:	
Referrer company:	Suburb: State:	
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  Does the participant have any work goals?  Yes No  If yes, what are the participant's work goals?		



What are the participant's barriers (Select all that apply)	
Mental health	Other relevant information:
Lack of motivation	
Homelessness	
Domestic violence	
Trauma	
Anxiety	
Eating disorder	
Physical	
Substance abuse	
Anger management	
Refugee	
Grief/loss	
Risk issues (Select all that apply)	
History of self-harm	
Previous suicidal ideologies	
Verbal aggression	
Physical aggression	
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Preferred method of servicing	
Face-to-face (site location)	
Phone	
Video conferencing	
Please advise (if relevant) the gender of the Konekt consultant the	participant would prefer
Is this a re-referral (Choose an item)	
Yes No	
Name of previous consultant (if known)	

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

Click to email us

**Clear form**