

# Referral to Konekt for Individual Professional Services

(please complete all form fields\*)

**Konekt**

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

## Other relevant information:

## Risk issues (Select all that apply)

- History of self-harm
- Previous suicidal ideologies
- Verbal aggression
- Physical aggression

## 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](mailto:response@konekt.com.au)

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