

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:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	
Interpreter required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interpreter language: <input type="text"/>
Program (WfA, IEA, Parent Pathways):	<input type="text"/>	Benchmark hours:	<input type="text"/>

Referrer details

First name:	<input type="text"/>	Last name:	<input type="text"/>
Referrer phone:	<input type="text"/>	Referrer email:	<input type="text"/>
Referrer company:	<input type="text"/>	Suburb:	<input type="text"/>
		State:	<input type="text"/>

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

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