

ANGLICARE Older Persons Wellbeing Network Program
Counselling Support & Support Group
 Referral form



Client Information	
Name:	Phone No:
Address:	
DOB:	Gender :
Country of Birth:	Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific cultural/religious needs:
Emergency Contact:	
Name: _____	Contact No: _____
Relationship:	
Details of Referrer (if applicable):	
Name _____	
Organisation _____	
Relationship / Support provided _____	
Since when have you supported this client _____	
Reason for Referring: (please tick)	
1:1 Counselling Support <input type="checkbox"/>	
Support Group <input type="checkbox"/>	
Mental Health Issues (include relevant diagnoses):	
Physical Health Issues (include relevant diagnoses):	

ANGLICARE Older Persons Wellbeing Network Program
Counselling Support & Support Group
Referral form



Any other relevant information:

A large, empty rectangular box with a thin black border, intended for providing additional information.

ANGLICARE Older Persons Wellbeing Network Program
Counselling Support & Support Group
Referral form



I consent that:

- my personal information will be collected in accordance with Privacy legislation (outlined on this form)
- to my de-identified information to be used for statistical purposes by Anglicare
- I consent to my personal information being provided by Central and Eastern Sydney Primary Health Network to the Department of Health and Aged Care, and state and territory health departments/agencies to be used for statistical and evaluation purposes designed to improve mental health services in Australia. I understand that this will include details about me such as date of birth and gender but will not include my name, address or Medicare number. I understand this includes the use of personal information to generate a unique key, which can be used to link my de-identified data to other de-identified data to facilitate research. I understand that my personal information will not be provided to the Department of Health and Aged Care or state and territory health departments/agencies if I do not give my consent.

I also understand that my consent is not required for the Department of Health and Aged Care and state and territory health departments/agencies to include data about my use of services, combined with information about other clients, in summary reports about the activities funded by Central & Eastern Sydney Primary health Network because these do not require personal information.

If participating in a support group:

- I agree with the group guidelines as outlined in the Group Guidelines document.

Client Name:

Client Signature:

Date: _____



COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

- Anglicare is committed to managing all personal information in a manner that reflects its legal responsibilities under the Health Records and information privacy and personal information protection regulation 2014 (NSW) and the Privacy Act 1988 (Commonwealth).
- We collect personal information prior to and during the time you spend in this program. The primary purpose of this is to plan, deliver and review the effectiveness of the support we provide.
- Collection of personal information is limited to that which is necessary to operate efficiently, effectively and in line with statutory requirements. Personal information that we may collect about you includes:
 - Your name and date of birth
 - Your health and medical details
 - Details of your social situation
 - Cultural details
- We have systems in place to protect your information from loss, alteration, improper use, inappropriate access and disclosure. If you have any concerns about disclosing personal information, you should speak to an Anglicare staff member.
- Your decision to withhold required personal information may affect Anglicare's ability to provide you with care and services. To view any information kept about you, please speak to an Anglicare staff member in the first instance, all requests to view personal information will be referred to Anglicare's privacy officer.