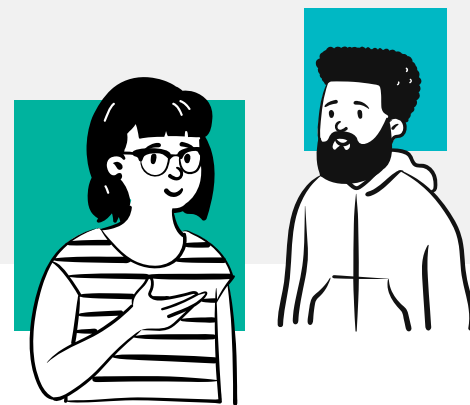


Partners in Wellbeing



Intake Referral Form / Screening Tool

Section 1 – General

1A – Consent

By submitting your personal information online, you agree that you have read the privacy statement available by following the link:

[Privacy statement](#)

I have read the privacy statement.

Signature (referrer)

Date

1B – Referrer information

Is this a self referral?

Yes > Please continue to [Section 1C](#)

No > Please fill out referrer information below

Name

Organisation/service

Role

Contact number

Email

How did you hear about us?

Reason for Referral

1C – Participant information

Full name

Preferred name

Gender

DOB

Relationship status

Address

Suburb

Postcode

Primary phone

Alternate phone number

Email

Preferred contact method

Country of birth

Aboriginal/Torres Strait Islander

Interpreter required?

Language

Visa Status?

Australian resident?

Are you a veteran?

Section 1 – General continued

1D – Housing and living arrangements

Current living arrangements:

List alerts of concerns related to living arrangements e.g. homeless, at risk of homelessness, living in overcrowded housing, experiencing or at risk of family/ domestic violence)



1E – Employment status

Employment status

Current income source

Please list current employment/income issues (if any):



1F – COVID-19 screen

Are you currently experiencing symptoms of COVID-19?

Yes No

Have you been diagnosed with COVID-19 in the past?

Yes No

Are you currently completing voluntary or mandatory isolation?

Yes No

If yes, please provide further information

Section 2 – Referral options

Are you a small business owner?

Yes > Please continue
No > You are eligible for general wellbeing support

Skip to [Section 6](#)

Are you a member of an industry peak?

Industry peaks include Music Victoria, Fitness Australia, Australian Federation of Travel Agents, Aquatics and Recreation Victoria (ARV), Nursery and Gardens Victoria (NGIV), ARA (Australian Retail Association), AHA (Australian Hotels Association), VTIC (Victorian Tourism Industry Council), Geelong Chamber of Commerce, Commerce Ballarat, Kinaway Chamber of Commerce, Be.Bendigo, Wodonga Chamber of Commerce.

Yes > You are eligible for general wellbeing support, small business financial counselling, Industry Peak Member Support and business advisory service.

Please continue to [Section 3](#)

No > You are eligible for general wellbeing support, small business financial counselling and business advice.

Skip to [Section 4](#)



Section 3 – Industry Peak Support

If you don't want to be referred to the Industry Peak Support, please skip to [Section 4](#)

Please indicate the industry peak of which you are a member



Section 4 – Financial counselling

If you don't want to be referred to financial counseling, please skip to [Section 5](#)

Do you have any debts?

Yes No

If yes, select the type of debt (tick multiple if applicable).

Personal Business

Do you have assets?

Yes No

If yes, select the type of assets (tick multiple if applicable).

Personal Business
e.g. home/car e.g. premises, machinery, stock



Section 5 – About your business

5A – Business information

Business name

Business address

Do you have an active ABN?

Yes No

If YES, do you have an ANZSIC code? _____

Industry of business

What is your business structure? (tick multiple if applicable)

Sole trader Partnership
Company (Ptd Ltd) Family trust
Other

Do you have business income ?

Yes No

Do you have other/personal income?

Yes No

Is the business currently trading?

Yes No

If no, is this due to COVID-19 restrictions?

Yes No

5B – Business advisory service

Please provide brief summary of the assistance required for your business:

Section 6 – General wellbeing support

If you don't want to be referred to general wellbeing support, please skip to [Section 7](#)

Immediate needs

Do you have access to food and essentials? (incl. medications)

Yes No

If no, provide details:

Do you have a phone and data?

Yes No

Do you feel unsafe or at risk for any reason?

Yes No

If yes, provide details

Please list further information or other immediate needs.



Section 7 – Submission

Alternatively, you can fax the form to 03 9756 0144 or email to partnersinwellbeing@each.com.au

If you have any questions please call the Partners in Wellbeing Team on 1300 375 330

Office use only

UR Number

Service referrals completed:

BA

FC

General Wellbeing