

# GUGAN GULWAN YOUTH ABORIGINAL CORPORATION

## Referral for Case management

**PLEASE DIRECT ALL COMPLETED REFERRAL FORMS TO:**  
 referrals@gugan-gulwan.com.au | Phone: (02) 6296 8900

*\*Referrals to individual staff members is not permitted.  
 Please note: If your referral is for accomodation, NDIS or financial support please call 6296 8900 and speak with a Team Leader.*

<b>Date Submitted</b>	
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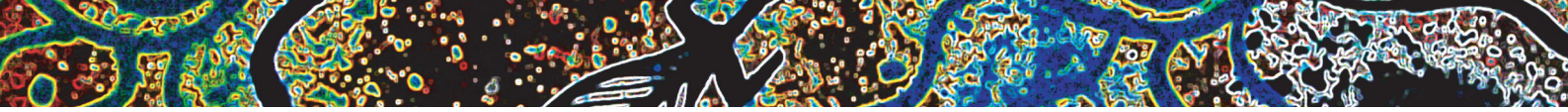
<b>PERSONAL INFORMATION</b>			
<b>Name</b>		<b>DOB</b>	
<b>Address</b>			
<b>Email</b>			
<b>Phone</b>		<b>Alt. Phone</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non Binary/Indeterminate <input type="checkbox"/> Intersex <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not stated		
<b>Identify</b>	<input type="checkbox"/> First Nations <input type="checkbox"/> Non-First nations Where is your traditional area? What community are you recognised in?		

<b>FAMILY INFORMATION</b>			
<b>Household Composition</b> <i>(living with partner/alone/with children)</i>			
<b>Other family members</b> <i>(Please include dates of birth)</i>			
<b>Name</b>		<b>DOB</b>	
<b>Name</b>		<b>DOB</b>	
<b>Name</b>		<b>DOB</b>	
<b>Name</b>		<b>DOB</b>	
<b>Name</b>		<b>DOB</b>	
<b>Name</b>		<b>DOB</b>	

<b>EMPLOYMENT AND EDUCATION</b>	
<b>Employment</b>	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Student <input type="checkbox"/> Not Employed
<b>Education Level</b>	<input type="checkbox"/> Employment Preparation <input type="checkbox"/> Engaged w/Education <input type="checkbox"/> Not Engaged w/Education <input type="checkbox"/> Other <input type="checkbox"/> Training
<b>Name of School</b>	

*Form continues onto page 2*





**PRIMARY REASON FOR REFERRAL**

Reason for referral:

Realistic Outcomes:

**REFERERS DETAILS**

Do you have the client's permission for this referral?  Yes  No

Referring Agency/Organisation

Contact Phone

Email

Type of assistance provided

Other organisations involed

**GUGAN GULWAN OFFICE USE ONLY**

Referral Accepted  Yes  No  
If not, state reason and action taken

Assigned staff member Section

Referring person/agency notified of outcomes  Yes  No

Signed Date



**Gugan Gulwan  
Youth Aboriginal  
Corporation**



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