

CONFIDENTIAL**Referral to Phoenix Centre - Amplify Ability**

Amplify Ability is a 6 month program for anyone from a migrant or refugee background looking to make new connections, set and achieve goals and improve their emotional health and wellbeing.

The program runs in three stages: initial goal setting and peer codesign of program; a series of 10 workshops addressing client needs, values and goals as articulated in the co-design and intake process; follow up transition support. Included in the program will be consumer voice training, computer literacy skills, self-management, self-care strategies and volunteer engagement skills.

Please note that sending the referral does not guarantee the applicant a place in the program, as places are limited to 12 participants. Each applicant will be contacted to answer any questions arrange an intake session if interested.

REFERRER DETAILS (fields marked with an * must be completed)

* Date: _____ Referring Organisation: _____

* Name of referrer: _____ Email: _____

* Contact number (main): _____ Contact number (other): _____

CLIENT INFORMATION (fields marked with an * must be completed)

* Family name/s: _____ * Given name/s: _____

* Gender: Female Male Transgender Other: _____ * Date of birth: _____

* Full address: _____

* Main phone number: _____ Additional number: _____

Best time to phone: AM PM Any Email: _____

* Date of arrival: _____ * Country of birth: _____

Ethnicity/religion: _____ * Preferred language/s: _____

* Interpreter required: Yes No * Interpreter gender: Female Male Either

Does the client have a carer/support person they wish to be their first point of contact? Yes No

Carer/support person Name: _____ Contact Details _____

CONSENT (essential for all Phoenix Centre services)

Has the client given consent to be contacted by the Phoenix Centre? Yes No

Can the client be contacted directly? Yes No

Has the client given consent for the Phoenix Centre to contact the referrer? Yes No

Has the client given consent for the Phoenix Centre to contact their carer? Yes No

Client signature: _____ 

Referrer signature confirming Verbal Consent has been received via TIS: _____ 

If you have any further questions about the program or form please email Adam Hammer
ahammer@mrctas.org.au or call 6221 0999 or mob. 0499 550 848. Mon to Wed.