

OUT DOORS Referral for Information Session

Thank you for your interest in Out Doors and our exciting programs! Please complete the following referral details in order for us to ascertain your eligibility and invite you to an upcoming information session. Completed forms can be posted or faxed to:

Out Doors Inc.
231 Napier Street
FITZROY VIC 3065
Fax: 9417 2163

If you have any queries regarding this referral contact the Intake and Assessment Worker at Out Doors on (03) 9417 2111.

Personal Details

Date of Referral _____

First Name _____ **Surname** _____

Preferred Name _____ **Gender** _____

Address _____

Suburb _____ **Post Code** _____

Home Number _____ **Mobile Number** _____

Email _____

Eligibility

Out Doors is funded to provide services to people who are aged between 16-64 years old, who live in Victoria and who have an experience of mental illness/psychiatric disability.

Date of birth \ \ _____ **Age** _____

Mental Illness _____

Optional

In the interests of providing more targeted services Out Doors would appreciate the following information about you, however this information is optional.

Country of Birth _____

Main Language Spoken at Home _____

Aboriginal **Torres Strait Islander** **Both** **Neither**

Supportive person (if relevant)

First Name _____ **Surname** _____

Relationship to you _____ **(Agency)** _____

Address _____ **Email** _____

Suburb _____ **Postcode** _____

Phone: Contact Number _____ **Fax** _____ **Mobile** _____

Consent

I give permission for Out Doors to contact the supportive person listed above in relation to this referral and any invitation to attend Out Doors' programs.

YES _____ **NO, contact me directly** _____

Signed: _____ **Date:** _____

Name: _____