

**** Please note – Link-Up services are not responsible for reuniting clients who have been removed under state territory child protection legislation enacted after 1975.**

Link-Up Referral Form

Reunion Family Tracing Counselling

Client Details			
Name:		Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse Gender Identity <input type="checkbox"/> Unknown			
Address:		Postcode:	Phone:
			Mobile:
Email:		Can we leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Torres Strait Islander	
Do you / the client have any disabilities?	<input type="checkbox"/> Yes (if yes, please outline below):		<input type="checkbox"/> No
Language spoken at home:			Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the client attend a mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of mission	

Details of person making the referral			
<input type="checkbox"/> Agency referral			
<input type="checkbox"/> Self-referral			
Name			
Address			Phone
			Mobile
Email			
Signature			Date of referral

Please return this referral form to Yorgum by either emailing or posting the form to us:

Email	Post
Please scan and email the completed form to: referrals@yorgum.org.au	Please post completed form to: <i>The Link-Up Manager</i> Yorgum Aboriginal Corporation PO Box 236 Northbridge WA 6854

Once completed, the contents of this document are PRIVATE and CONFIDENTIAL.

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Yorgum Office Use Only	
Date referral received	
Date acknowledgment letter sent	
Allocated for action to	
Referral decision/follow up	