

**\*\* 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:			
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	
Please select which stolen generation you are:			
<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>			
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 email the completed form to:  <a href="mailto:link-up@yorgum.org.au" style="color: blue; text-decoration: underline;">link-up@yorgum.org.au</a>	Please post completed form to: <i>The Link-Up Manager</i> <i>Yorgum Healing Services</i> <i>PO Box 236 Northbridge WA 6865</i>

**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	