

**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](mailto:ahammer@mrctas.org.au) or call 6221 0999 or mob. 0499 550 848. Mon to Wed.