

## SKILLS FIRST RECONNECT REFERRAL FORM

### Personal Details

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Do they identify as:     Being Aboriginal or Torres Strait Islander     Refugee  
                                  Having a Disability     Having a culturally and linguistically diverse background

### Eligibility

Participants must be between the ages of 17 – 64, have not completed Year 12 or equivalent and/or have been unemployed for a period of 12 months or more and have significant levels of disadvantage

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### Personal Factors:

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| <input type="checkbox"/> Drug & Alcohol Abuse    | <input type="checkbox"/> Mental Health   | <input type="checkbox"/> Caring Responsibilities |
| <input type="checkbox"/> Low Literacy / Numeracy | <input type="checkbox"/> Housing         | <input type="checkbox"/> Family issues           |
| <input type="checkbox"/> Financial difficulties  | <input type="checkbox"/> Justice /Police | <input type="checkbox"/> DHHS                    |
| <input type="checkbox"/> Long Term Unemployed    |  |  |

### Additional Information/Comments

\_\_\_\_\_

\_\_\_\_\_

Name of Referring Person: \_\_\_\_\_

Organisation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

<p style="text-align: center;"><b>Fiona Mackenzie-Ross</b> <b>Pathway Support Worker</b> Contact Numbers 0419 208 630      Email: <a href="mailto:fmackenzieross@IMVC.com.au">fmackenzieross@IMVC.com.au</a></p>
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