Partners in Wellbeing





Intake Referral Form / Screening Tool

Section 1 - General

1A - Consent

By submitting your personal information online, you agree that you have read the privacy statement available by following the link:

Privacy statement

I have read the privacy statement.

Signature (referrer)	Date		
1B – Referrer informati	ion		
Is this a self referral?			
Yes > Please contir	Please continue to Section 1C		
No > Please fill out	Please fill out referrer information below		
Name			
Organisation/service	Role		
Contact number	Email		
How did you hear about us?			
Reason for Referral			

1C - Participant information

Full name

Preferred name	Gender
DOB	Relationship status
Address	
Suburb	Postcode
Primary phone	Alternate phone number
Email	Preferred contact method
Country of birth	Aboriginal/Torres Strait Islander
Interpreter required?	Language
Visa Status?	Australian resident?
Are you a veteran?	

Call 1300 375 330 Reviewed: April 2022 Owner: Communications Version: 2.9

Service Referral Form

Partners in Wellbeing

Section 1 - General continued

1D - Housing and living arrangements

Current living arrangements:

List alerts of concerns related to living arrangements e.g. homeless, at risk of homelessness, living in overcrowded housing, experiencing or at risk of family/domestic violence)



1E – Employment status

Employment status

Current income source

Please list current employment/income issues (if any):

Section 2 - Referral options

Are you a small business owner?

Yes > Please continue

No > You are eligible for general wellbeing support

Skip to Section 6

Are you a member of an industry peak?

Industry peaks include Music Victoria, Fitness Australia, Australian Federation of Travel Agents, Aquatics and Recreation Victoria (ARV), Nursery and Gardens Victoria (NGIV), ARA (Australian Retail Association), AHA (Australian Hotels Association), VTIC (Victorian Tourism Industry Council), Geelong Chamber of Commerce, Commerce Ballarat, Kinaway Chamber of Commerce, Be.Bendigo, Wodonga Chamber of Commerce.

Yes You are eligible for general wellbeing support, small business financial counselling, Industry Peak Member Support and business advisory service.

Please continue to Section 3

No > You are eligible for general wellbeing support, small business financial counselling and business

Skip to Section 4



Section 3 - Industry Peak Support

If you don't want to be referred to the Industry Peak Support, please skip to **Section 4**

Please indicate the industry peak of which you are a member

Section 4 - Financial counselling

If you don't want to be referred to financial counseling, please skip to **Section 5**

Do you have any debts?

'es

No

If yes, select the type of debt (tick multiple if applicable).

Personal

Business

If answered no, please move on to section 5 as not eligible for Financial counselling

Do you have assets?

Yes

No

If yes, select the type of assets (tick multiple if applicable).

Personal

Business

e.g. home/car

e.g. premises, machinery,

stock



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Service Referral Form

Partners in **Wellbeing**

Section 5 – About your business

Business name	
Business addre	SS
Do you have a	an active ABN?
Yes	No
If YES, d	o you have an ANZSIC code?
What is your in	dustry of business?
Do you have l	ousiness income ?
Yes	No
Do you have o	other/personal income?
Yes	No
Is the busines	s currently trading?
Yes	No
5B – Busin	ness advisory service
	e brief summary of the assistance required

Section 6 - General wellbeing support

If you don't want to be referred to general wellbeing support, please skip to **Section 7**

Immediate needs				
Do you have access to food and essentials? (incl. medications, phone and data)				
Yes No				
If no, provide details:				
Do you feel unsafe or at risk for any reason?				
Yes No				
If yes, provide details				
Please list further information or other immediate needs.				

Section 7 - Submission

Alternatively, you can fax the form to 03 8692 3030 or email to partnersinwellbeing@neaminational.org.au

If you have any questions please call the Partners in Wellbeing Team on 1300 375 330

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UR Number

Service referrals completed:

ВА

FC

General Wellbeing









MELBOURNE INNOVATION CENTRE