PO Box 57 Alyangula NT 0885
P: 0457 847 608
E: grooteintake@dasa.org.au

# ANINDILYAKWA HEALING CENTRE

## Referral Form | Alternative to Custody – Groote Eylandt

**REFERRER INFORMATION:**

Referral Date: ____ / _____ / _____ Organisation:_____

Name: _____ Position: _____

Telephone: _____ Email: _____

**APPLICANT'S INFORMATION:**

Surname: _____ Given Name:_____

Also known as: _____ DOB: ____ / _____ / _____

☐ Aboriginal or ☐ Torres Strait Islander Community: _____

Language(s) spoken:_____

Interpreter requested ☐ Yes / ☐ No Language required:_____

Interpreter used ☐ Yes / ☐ No If No, Why: _____

Phone Number:_____ Address: _____

Suburb: _____ Postcode:_____

**CURRENT LEGAL SITUATION:**

The applicant is currently:

☐ Incarcerated sentenced
☐ Incarcerated remand
☐ Released (no conditions)
☐ Supervised by Community Corrections
☐ Parole
☐ Bail
☐ Other:_____

Charged with:_____

Sentenced for: _____

Supervision order: _____

Date of Incarceration: If on remand, next court:

___/___/_____ ___/___/_____

Date of eligibility for parole: Full term release date:

___/___/_____ ___/___/_____

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**ORDERS PREVENTING CONTACT WITH OTHER PEOPLE:**

Are there any legal / protection orders (e.g. Domestic Violence Orders) in place?

☐ Yes ☐ No

Against the referring applicant? ☐ Yes ☐ No  Against someone else? ☐ Yes ☐ No

If yes, please provide details and a copy of the orders: _____

_____

**ESSENTIAL INFORMATION:**

Does the applicant have any:

| | |
|---|---|
| Medical Issues | ☐ If yes, please provide relevant information |
| Mental Health | ☐ If yes, please provide relevant information |
| Alcohol and other drug misuse concerns | ☐ If yes, please provide relevant information |
| Payback concerns | ☐ If yes, please provide relevant information |

**REASON FOR REFERRAL / ADDITIONAL INFORMATION:**

_____

_____

_____

_____

**FURTHER DOCUMENTS ATTACHED (where applicable):**

☐ Criminal history
☐ Mental Health Report(s)
☐ Medication Management Plan
☐ Letter to referral agency
☐ Chronic Disease Management Plan
☐ Other _____:
☐ Domestic Violence Order
☐ Cognitive assessment
☐ Mental Health Care Plan
☐ Any relevant orders (Bail, Susp.Sentence, Parole)

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**APPLICANT CONSENT TO SHARING OF INFORMATION:**

The purpose of this form has been discussed with me and I give permission for the above information regarding myself to be exchanged and collected with the Drug & Alcohol Services Australia (DASA), the referring agency and the Anindilyakwa Healing Centre Referral Group for the purpose of considering my suitability for the Anindilyakwa Healing Centre program.

Signature of applicant: _____ Verbal consent: ☐ Yes ☐ No

Date: ____/____/_____

Signature of referring person: _____

Date: ____/____/_____

**APPLICANT CONSENT PARTICIPATION IN PROGRAM:**

I understand and consent to engage and participate in the DASA Anindilyakwa Healing Centre - Alternative to Custody program on Groote Eylandt.

Signature of applicant: _____Verbal consent: ☐ Yes ☐ No

Date: ____/____/_____

Signature of referring person: _____

Date: ____/____/_____

**Email Referral to: grooteintake@dasa.org.au**

Following receipt of referral and assessment will be booked.

(Acceptance to the program is subject to assessment of suitability and at the discretion of the Anindilyakwa Referral Group)