



WHEELS REFERRAL FORM 2013

Date: _____ Program Location: _____

CLIENT DETAILS:

Given name/s: _____

Gender: Male Female: Date of Birth: _____ Age: _____

Address: _____

Suburb: _____ Postcode: _____

Home contact: _____ Mobile: _____

Cultural Identity: _____ Language Spoken at Home: _____

Income type: _____ Do you have children: _____

Do you have any dietary requirements: _____ If yes please specify: _____

EDUCATION DETAILS:

What is your highest level of school completion? _____

When did you complete this level and where? _____

How to you rate your reading skills?

Poor Ok Good Very Good Excellent

How to you rate your writing skills?

Poor Ok Good Very Good Excellent

Have you completed or partly completed any other short courses or accredited certificates?

Yes No

If yes please list below:

COURSE	TAFE/ TRAINING PROVIDER



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Have you completed any of the following qualifications? (Please Tick)

Barista 1st Aid Level 1 Workplace Hygiene Vocational Preparation

What would you most like support to achieve in the next 6-12months? Please Tick

Casual Employment Part-Time Employment Full- Time Employment Apprenticeship

Return to Secondary School Short Course Tafe Course University Course

Other: _____

How long has it been since you have been engaged in education or training?

1-2 months 3-6 months 6-12 months 12 months or more

What interests you about doing the Wheels Program?

Which of the following areas most interest you? (Please Tick)

Job Searching Resume Writing Practice Interviews Techniques Driving Skills

Budgeting Legal Advice Cooking Skills Living Skills Self Defence

Health Centrelink Advice Certificates Other: _____



CURRENT BARRIERS TO EDUCATION:

Please tick any of the following barriers that apply to you:

MENTAL HEALTH:

Do you experience any mental health issues? _____
Anxiety Depression Bipolar Borderline Personality Disorder
Schizophrenia Panic Disorder Obsessive Compulsive Disorder
Eating Disorder Post Traumatic Stress Psychosis
Other: _____

DRUG AND ALCOHOL:

Do you use any drug or alcohol? _____
Alcohol Amphetamines Cannabis Cocaine
Ecstasy Pharmaceuticals Heroin Other: _____

MEDICAL:

Do you have any medical conditions that we need to be aware of?
If yes, please specify: _____
Do you have any allergies? YES NO
If yes, please specify: _____

LEGAL:

**Do you have any legal issues that may prevent you from attending
Wheels on a regular basis?** YES NO
Fines Family Court Immigration Issues
Involvement with Police Criminal Court Youth Justice Order
Community Base Order Other: _____
Are any of these legal issues related to driving offences? YES NO

HOUSING:

What is your current housing situation?
Youth Refuge Adult Refuge Transitional Housing
Office of Housing Lead Tenant Private Rental Shared Housing
Rooming House Student Accom Friends/ Family Couch Surfing
Other: _____

OTHER:

Is there anything else not listed we may need to know? _____

Do you have any regular appointments or commitments that may prevent you from attending the
Wheels program on particular days? YES NO
If yes, what days are you not available to attend Wheels?



REFERRING WORKERS DETAILS:

Name of Agency: _____

Contact Person: _____

Phone No: _____ Email Address: _____

Do you give us consent to contact this person if we need to discuss any concerns we may have with your progress and/ or participation in the Wheels Program? YES NO