

Please return completed form to the NALAG Centre:

FAX: 02 6884 9100 EMAIL: info@nalag.org.au Mail: PO Box 379, Dubbo NSW 2830

For more information: Phone 02 6882 9222

Registration Form

Personal Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Family Name:	Given Name:	Other Given No:		
* If referral is for a minor please provide Parent/Guardians name/s below:			Birth date:	Age:	Sex:
Family Name:	Given Name:	Relationship to person referred:	/ /		<input type="checkbox"/> F <input type="checkbox"/> M
Street address:		Town:	State	Postcode:	
Mobile Phone No:		Home Phone No.:	Work Phone No:		
PO Box:	Email Address:		Occupation:		

Statistics

Self Referral	Group Referral	Aboriginal or TSI	Disabled:	CALD:	Suitable for Seasons for Growth	Notes:
YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	

Mental Health

Mental Health Issue:	Condition:	Diagnosed:	Medication:	Suitable for Blue Healers:	Notes:
YES/NO		YES/NO	YES/NO	YES/NO	
Is the client seeking assistance from any other agency or practitioner:			YES/NO		
List agencies/practitioner's name:				Phone No:	

Referring Agency Information

Is the client aware of the referral? YES/NO	Referring Agency:	
Caseworkers Name:	Phone No:	Fax Phone No:

Current Situation

Losses: (Please circle) Death of Wife, Husband, Mother, Father, Sibling, Child, Grandparent/Divorce / Separation/Miscarriage/ Stillbirth Abortion/Infertility/ Illness/ Disability/Pet /Unemployment/ Financial/ Trauma/Other:	
Date of Death (if applicable): / /	Are there any legal issues:
Current situation/Background information	
CONTACT PREFERENCE: <input type="checkbox"/> FACE TO FACE AT THE CENTRE <input type="checkbox"/> TELEPHONE SUPPORT <input type="checkbox"/> OCCASIONAL SERVICE	

Office Use Only

Registration received: / /	Registration taken by: TH KF SC LW GO Other_____	Registration Accepted: YES/NO (see notes)	Date contact made with Client: / /	Date Volunteer Contacted: / /	Database Updated:	Registration No:
No of visits:	Date finalised: / /	Volunteer's Phone No's:		Name of Volunteer/Counsellor assigned:		
Notes:					Branch Assigned:	
					DUB MUD MNC GS MiIN	
Suicide Risk	Have you thought of taking your own life?	Do you have a plan?	Have you attempted suicide previously	Do you have the means?		
HIGH / LOW	YES / NO	YES / NO	YES / NO	YES / NO		

