

McAuley Works

Please tick which McAuley location you are referring to:

Footscray

Ballarat

Referral

Organisation Self-referral – if you wish to participate in this program, please email your name, phone number and postcode to mcauleyworks@mcauley.org.au and we will call you within 3 days to go through this form.

Organisation name: _____

Contact person: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Contact number: _____

Email: _____

Participant is being referred by:

Other Jobs Victoria Service

Education and/or training service

Other employment service e.g. jobactive, Disability Employment Service (DES)

Non-vocational support service (e.g., housing, mental health, settlement, financial, family violence, etc.)

Please specify service type: (e.g. youth justice, housing, family violence):

Participant/self-referral information

Full name: _____

Female identifying

Non-binary

Not disclosed

Date of birth: _____

Country of birth: _____

Preferred language: _____ Interpreter required: Yes No

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Contact number: _____

Email: _____

Please indicate reason for referral:

Family information

Do they have children? (Include age/s of children) Yes No

Are they the primary care giver? Yes No

Consent for referral


(Please provide written, digitally signed, or email/text trails that outline clients given consent as verbal consent on its own is not satisfactory)

Has the participant OR their parent/guardian (if aged <18) consented to this referral? Yes No

Has the participant consented to the provision of their personal details (above)? Yes No

Participant signature: _____ Date: _____

Further information required

 Please attach any MARAM documentation to referral email.

Have they engaged with the McAuley Works program previously? Yes No


Have they experienced family violence? Yes No

Please specify details of current risk, any recent incidents, IVO, safety plan etc.:

Overview of current housing (temporary accommodation, stable housing, private rental, refuge etc.):

What is the visa status? (temporary visa, student/partner visa, permanent resident, working rights etc.):

Please specify visa category:

 Please attach a copy of the visa to referral email.

Do they receive any income support from Centrelink? Yes No

Are they linked to a jobactive or a DES Provider?

Yes No

If so, please specify the Provider: _____

Overview of case management provided by your organisation/program and expected support period:

Are they currently engaged in full-time or part-time education/training?
Please specify course and study hours:

Full-time

Part-time

Are they currently employed?

Yes No

Please specify average hours per week, place of work and role:

What are their employment goals? Please specify if they have any training needs, previous employment experience, current qualifications.

What are the barriers to employment? (e.g. mental health, disability, language skills, lack of childcare etc.)

