

Please submit all registrations to [pace@centacare.org.au](mailto:pace@centacare.org.au).

Email or call Centacare's PACE Team, 8303 6660, for any questions or enquiries.

## Referrer Information

Date:			
Name of referrer			
Referrer details	<input type="checkbox"/> GP <input type="checkbox"/> School <input type="checkbox"/> Support Service <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Self-referral <input type="checkbox"/> Family member <input type="checkbox"/> Other (please detail):		
Contact details	Email	Phone	
Preferred method of contact?	<input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> Email		
Is the referred person aware of and consents to referral	<input type="checkbox"/> No <input type="checkbox"/> Yes		

## Client Details

Name	DOB	Pronouns
Address		
Contact details	Email	Mobile
Preferred method of contact?	<input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> Email	
Emergency Contact	Name	Relationship
		Phone
Cultural Identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Culturally and Linguistically Diverse <input type="checkbox"/> Other (please detail):	
Do you have a current GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the person require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please insert):	
Additional information		
Are you (the client) at risk of homelessness?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Suicide ideation (current or previous)		
Self-harm thoughts and/or behaviours (current or previous)		

## Reason for Referral

Support Group	<input type="checkbox"/> Commencing 22 February 2023 5:30 – 7:30 pm for 10 x weeks <input type="checkbox"/> * I cannot start the above group but would like to stay on the waitlist for future support groups
Carers (If Applicable)	<input type="checkbox"/> I am a carer, and my _____ has been experiencing (please detail):
What mental health concerns or symptoms have you been experiencing (currently or recently)?	
Are you currently or have you previously seen a mental health professional for diagnosis, treatment or support?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, can you provide some details?	
Are there any potential barriers to accessing the service or any other relevant information we should know about?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, can you provide some details?	
Thank you for taking the time to complete a registration of interest for a PACE Peer-led Support Group.  Upon receipt of your registration of interest form, a member from our team will contact you to discuss the PACE Peer-led Support Group inclusion criteria which includes any goals you may be hoping to achieve by attending the group. You may be offered a time to meet to commence an induction.	

For office use only			
Date:		Worker (if applicable):	