



## VISIT PROGRAM REFERRAL AND CONSENT TO SHARE INFORMATION FORM

CLIENT DETAILS			
Title:		Family Name:	
Date of Birth:		First Name:	
Gender:			
Home Phone		Mobile Phone:	
Email:			
Address:			
REFERRER DETAILS			
Name:		Organisation:	
Address:			
Mobile Phone		Other Phone:	
Email:		Fax:	
Reason for Referral:			
OTHER THIRD PARTY CONTACT DETAILS			
Name:			
Organisation:			
Address:			
Mobile Phone		Other Phone:	
Email:		Fax:	
Reason for Contact:			

By signing this form you agree that:

- You have provided an explanation to your client regarding the collection and use of their personal information for participation in the Sisters of Charity Outreach Home Visit program and told them that they may receive a call from a Home Visit Program staff member or volunteer and be asked further questions to assess their eligibility.
- In your opinion the client has understood the information provided and has consented to being contacted by a Sisters of Charity Outreach Staff member or volunteer.
- Any information provided by you in relation to this referral is accurate to the best of your knowledge and that no information will be withheld by you, that is necessary for ensuring that Sisters of Charity Outreach can fulfil its duty of care to the client and meet its obligations to staff and volunteers. Failure to disclose relevant information about your client during the referral process may jeopardise your client's eligibility to participate.

Referrers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward completed Referral and Consent Form to email: [visitprogram@outreach.net.au](mailto:visitprogram@outreach.net.au)