



Central Australian
Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

Social and Emotional Wellbeing (SEWB) services – Self-Referral

Please email completed referral to sewb.referrals@caac.org.au

Date of referral:

Name:	CAAC ID:
Skin Name:	
Date of Birth:	Gender:
Phone Number(s):	Aboriginality: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home -	Language(s):
Mobile -	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Do you have your own transport? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Card number:	Health Care Card number:
Usual Clinic and GP:	
Next of kin or significant carer:	
Guardianship order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Guardianship Officer:
My permission and consent:	
I would like to receive services from the SEWB team	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission to SEWB staff to visit me at home	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have consented to this self-referral by phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	
This referral was taken by:	Role:

I would like to talk to someone about:

Mental health (Sadness / Stress / Worry)

Alcohol / Gunja / Other Drugs

Violence (Domestic / Family / Cultural)

Money / Centrelink

Finding a Job or Training

Other:

Option to name the worker in the SEWB team you want to see: _____

My problems are:

1.

2.

3.

My medical problems are:

1.

2.

3.

Other services / organisations I am getting support from at the moment: