Information about Aftercare service provided and person will be contacted within 48 hours (two business days) of receiving referral

Wesley Lifeforce Aftercare referral form

The Pilot Suicide Aftercare in Coffs Harbour will assess the person's suitability for the program.

To be eligible, the person must:

- be 18 years or older
- live in the Coffs Harbour Local Government Area
- not currently be supported by another suicide aftercare service
- be experiencing suicidal distress or self-harm behaviour.

Referral provider details	
Name	
Position and workplace	
Phone	
Email	
Date	

Client details			
Last name		**Given name**	
Other names		**Gender** ☐ M ☐ F ☐ TR ☐ IN ☐ Prefer not to say	**Date of birth** _ _ / _ _ / _ _ _ _
Preferred pronouns	☐ He/him ☐ She/her ☐ They/them ☐ Other	**Other pronoun**	
Address		**Suburb**	**Postcode** _ _ _ _
Phone (home)		**Phone (mobile)**	
Email			
Next of kin: **Name** **Relationship** **Phone**			

Preferred contact	☐ Client ☐ Support person …….. (Only tick support person if they are to be contacted before the client) ☐ Mobile ☐ Home ☐ Email ☐ Other..... ☐ Anytime from 9am to 5pm ☐ After 9am ☐ After 12 noon ☐ Other..... …….. ☐ Permission to leave voicemail

Aboriginal and/or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Is there a cultural background the client would like noted?

☐ Yes …… ☐ No

Is an interpreter required? ☐ Yes ☐ No

If yes, what language?.....

Does the client have a disability, impairment or long-term condition?

☐ Yes ☐ No

If yes, please select the appropriate area(s)

☐ Hearing	☐ Vision	☐ Mental health
☐ Acquired brain impairment	☐ Intellectual	☐ Other
☐ Physical	☐ Medical condition	…….

Does the client consider themselves neurodivergent? ☐ ASD ☐ ADHD ☐ Other ☐ No

What is the reason/s for referral?

.....

Has there been a recent suicide attempt?

☐ Yes ☐ No

If yes, what is the client's history of suicide attempt? Please include dates and number of attempts.

.....

Is there a risk of suicide (such as self-harm behaviours or thinking about suicide)?

.....

Does the client face any of the following challenges?

☐ Previous suicide attempt/s
☐ Bereaved by suicide
☐ Bullying
☐ Peer pressure
☐ Drug and alcohol use
☐ Relationship issues
☐ Parent/child conflict
☐ Unemployment
☐ Financial stress
☐ Loss of responsibilities
☐ Substance abuse
☐ Relationship breakdown
☐ Lack of time with children
☐ Work pressures
☐ Family commitments
☐ Chronic illness
☐ Grief and loss
☐ Immobility
☐ Isolation
☐ Changes in circumstances beyond their control
☐ Changing pace of society and technology
☐ Feeling like a burden

Who are the people and supports available to the client?

.....

.....

Is the client supported by any other aftercare service or other service?

.....

What safety measures will be installed between the client leaving your service and this referral being actioned? (Referral to be actioned by Wesley Mission Aftercare Coordinator within 48 hours.)

.....

.....

Privacy and personal information

Your personal information is protected by law (including the Privacy Act 1988) and is being collected by or for Wesley Mission to allow us to contact you further to discuss the aftercare program. Your information will only be provided to other parties that you have agreed to; or where it's required or authorised by law.

Participant declaration

I certify that the personal information provided in this application form is correct. I give permission for information and records about me to be collected by Wesley Lifeforce Aftercare, which will be kept in a secure location for the purpose of providing ongoing care. I understand that this information will also be used to collect data on the use of the aftercare program which will not identify me.

I give consent to be in the aftercare program.

Client name ……

Signature …… **Date** ……..

Please return completed and signed form via email to aftercare@wesleymission.org.au.

Wesley Mission Aftercare
(02) 5646 5718
71 Albany Street, Coffs Harbour NSW
ABN 42 164 655 145

Wesley Mission's Aftercare Coordinator will contact the client within 48 hours of receipt of this referral.