

APPLICATION/REFERRAL for INNER WEST SYDNEY PARTNERS IN RECOVERY

Inner West Sydney Partners in Recovery provides support to people with long-term and severe mental health needs. Our program seeks to assist eligible consumers to connect with relevant services and supports, through:

- 1) Assisting with the process of applying for the National Disability Insurance Scheme (NDIS) and
- 2) Sourcing and coordinating the multiple supports/services a consumer requires to move forward with their recovery-focused mental health & wellbeing goals.

In order to achieve the above aim, we need to collect the following information about potential consumers. Some of the information below is required to meet the minimum data set reporting obligations under our funding arrangement with the Department of Health.

DATE: _____ COMPLETED BY: Applicant/Legal Guardian ☐ Referrer ☐

PERSONAL DETAILS of the Applicant or the Person Being Referred to Partners in Recovery

Full Name: _____ Preferred Name: _____

Gender: Female ☐ Male ☐ Transgender ☐ Intersex ☐ Other: ☐ _____

D.O.B: ____/____/____ (Please note, IWSPiR is not able to accept applications/referrals for individuals aged over 65).

Current Address: _____

Mobile Phone: _____ Home Phone: _____

Email: _____ Preferred Contact Method: _____

Country of Birth: _____ Main Language at Home: _____

Communication Aid Required: ☐ Yes ☐ No Interpreter Required: ☐ Yes ☐ No

Identify as: Aboriginal ☐ Yes ☐ No **and/or** Torres Strait Islander ☐ Yes ☐ No

LEGAL GUARDIAN'S DETAILS (Applicable if you are acting on behalf of the Applicant)

Legal Guardian's Name: _____ Relationship to Individual: _____

Telephone: _____ Mobile: _____

Email: _____ Preferred Contact Method: _____

REFERRER DETAILS (If Applicable)

Referrer's Name*: _____ Position or Relationship to Individual: _____

Organisation Name (if relevant): _____

Telephone: _____ Mobile: _____

Email: _____ Where did you hear about PIR? _____

*Please respond to the questions on this form in consultation with the person who you are referring. The referral is designed to capture information about a person's mental health experiences, support needs and future goals from their own perspective.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS) INFORMATION

The National Disability Insurance Scheme is the Australian Government's new way of providing funding and support to people with disability-related needs, under age 65. The scheme will provide individualised funding to those with disabilities that are likely to be permanent and lifelong, to assist people to participate more fully in the community, according to their needs and goals. People with psychosocial disabilities, or disabilities that arise from mental health needs, are able to apply for funding through the NDIS.

1. NDIS APPLICATION STATUS (please tick relevant box)

<input type="checkbox"/> I have requested an NDIS Form but not yet submitted it.	<input type="checkbox"/> I have already submitted an NDIS Application, and am waiting for an outcome.	<input type="checkbox"/>
<input type="checkbox"/> I may be interested to submit an application in the future if more information is provided.	<input type="checkbox"/> I am not interested in applying for the NDIS.	<input type="checkbox"/>
<input type="checkbox"/> I have successfully applied for and received an NDIS package.		<input type="checkbox"/>
Other: (please state) _____		

2. Residency Status (please tick relevant box)

<input type="checkbox"/> I am an Australian Citizen	<input type="checkbox"/> I am a Permanent Resident
<input type="checkbox"/> I hold a Special Category Protected Visa*	
<input type="checkbox"/> Other: (please state)	

*A Special Category Protected Visa (SCV) is a temporary visa granted to New Zealand citizens subject to satisfying certain character and health requirements. An SCV holder will be a protected SCV holder if:

- the person was in Australia on 26 February 2001, and was a special category visa holder on that day; or
- the person had been in Australia for a period of, or for periods totaling, 12 months during the 2 years immediately before 26 February 2001, and returned to Australia after that day.

MENTAL HEALTH INFORMATION

3. What mental health condition/s or illness do you experience? (please state below)

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4. When did you first experience symptoms associated with this condition or illness? (Approximate year) _____

5. Have you received a formal diagnosis for this mental health condition? ☐ Yes (please see below) ☐ No

If you responded **Yes** to Q5 above, what medical professional provided you with this diagnosis? (please tick below)

<input type="checkbox"/> GP	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Community Mental Health Team Staff Member	<input type="checkbox"/> Hospital Mental Health Team Staff Member	<input type="checkbox"/> Unsure
<input type="checkbox"/> Other (please provide details)					

6. Have you been hospitalised for your mental health needs in the past year? ☐ Yes ☐ No

If you responded **Yes** to Q6 above, please provide additional details in the boxes below.

When Hospitalised?		Where Hospitalised?		Hospitalised for how long?	
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7. Have you been hospitalised for mental health needs more than once in the past 5 years? ☐ Yes ☐ No

If you responded **Yes** to Q7 above, approximately how many times have you been hospitalised for mental health needs in the past 5 years? (please respond in adjacent box)

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CURRENT SUPPORTS

8. Are you currently receiving treatment and/or support in relation to your mental health? ☐ Yes ☐ No

If you responded **Yes** to Q8 above, what treatments and supports are you currently receiving? (please all treatments/supports that currently apply to you below)

TYPE OF TREATMENT/SUPPORT	Please tick all boxes that apply to you	DETAILS (Name of health professional/s, medication/s or group program)
Counselling		
Support from GP		
Psychiatrist		
Group Support Program		
Medication		
Community Mental Health Team		
Hospital Outpatient Program		
Exercise Program		
Other		

- 9. If you are not currently receiving treatment/support for your mental health needs, have you previously accessed any of the above support options?** (please tick) ☐ Yes ☐ No

If you responded **Yes** to Q9 above, what treatments/supports have you previously received? (please list previous treatments/supports in box below)

CURRENT SUPPORT NEEDS

- 10. In what areas do you require additional support from Partners in Recovery, to help you work towards your mental health recovery and personal wellbeing goals?** (please tick any box below that applies to you)

- | | |
|---|---|
| <input type="checkbox"/> Housing/Accommodation | <input type="checkbox"/> Legal matters |
| <input type="checkbox"/> Alcohol and/or Drug use challenges | <input type="checkbox"/> Linking with a Psychologist/Counsellor |
| <input type="checkbox"/> Accessing a Psychiatrist | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Financial challenges | <input type="checkbox"/> Improving my day-to-day Living Skills (Cooking, cleaning etc) |
| <input type="checkbox"/> Physical health/medical issues | <input type="checkbox"/> Expanding my social networks |
| <input type="checkbox"/> Sourcing a GP | <input type="checkbox"/> Employment/Job-search activities |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Case Management (Managing appointments, brokerage, crisis support) |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other needs (please list in box below if applicable) |
| <input type="checkbox"/> Household tasks (Cleaning and organising my house) | <input type="checkbox"/> Support Worker (Help with day-to-day tasks, transport, company to appts etc) |

- 11. Please provide more details about the support you require, in relation to the needs identified in Q10 above. How would you like Partners in Recovery to assist you with these needs?** (please provide details below).

12. Who is currently assisting you to meet your needs and personal wellbeing goals? (If applicable, please specify services and/or individuals in box below).

FURTHER INFORMATION

13. What is your current living arrangement? (private rental, share-house, boarding house, living with family, transitional accommodation, homeless etc)

14. What is your source of income? _____

15. Do you have any current Legal and Statutory Directives applicable to you?

Mental Health Community Treatment Order <input type="checkbox"/>	Guardianship and Administrative Order <input type="checkbox"/>	Order Related to Children <input type="checkbox"/>
Court and other statutory Order <input type="checkbox"/>	Apprehended Violence Order (AVO) <input type="checkbox"/>	Other <input type="checkbox"/> _____

16. Are there any potential risks or safety issues associated with providing you with support?

☐ Yes ☐ No (If yes, please provide details below).

17. What strengths and personal resources have helped you in the past with your mental health, personal wellbeing, or life?

CONSENT and CONFIDENTIALITY DECLARATION

18. IF YOU ARE THE APPLICANT (or acting on behalf of the Applicant):

By completing and submitting this application, I declare that:

- a) The information I have provided is accurate to the best of my knowledge and belief; and
- b) I have read the Privacy Statement at the back of this Application. I understand and consent to New Horizons managing my personal information (including sensitive information) in accordance with New Horizons' Privacy Policy.

Signature of applicant/legal guardian

Date: ____/____/____

19. IF YOU ARE THE REFERRER:

By completing and submitting this Referral, I declare that:

- a) The information I have provided is accurate to the best of my knowledge and belief; and
- b) I have obtained the express consent from the individual being referred (and his/her guardian where relevant) to complete this Referral.

Signature of Referrer

Date: ____/____/____



To make an enquiry with IWSPiR, please call **1800 501 858**

To submit an application/referral
email this form to iwspir@newhorizons.net.au or
fax: **02 8075 2303** or
post this form to:

New Horizons Inner West Sydney Partners in Recovery
Level 2, 2-4 Holden St
Ashfield NSW 2131

Office Use Only

DO NOT process this Application/Referral or enter any information in Penelope unless:

- ☐ the applicant/person being referred has had the Privacy Script read to him/her.
- ☐ the applicant/person being referred has provided verbal confirmation that he/she consents to being involved with IWSPiR and to the management of his/her personal information in accordance with New Horizons Privacy Policy. **Note:** if we have not received consent from the applicant, the form must be discarded securely.
- ☐ the PIR consent box in the customer management system (Penelope) has been ticked as evidence of the applicant's consent.

If all of the above three steps have been completed, and the applicant has not signed this form under section 18, ensure you **immediately** send out a copy of the Privacy Statement via one of the following methods:

- ☐ to the email address provided in the form on (insert send date) _____; or
- ☐ to the residential address provided in the form on (insert send date) _____.

Name of PIR Intake Officer processing this Application/Referral	
Signature	
Date	

PRIVACY STATEMENT

New Horizons Enterprises Limited is the lead agency for the Inner West Sydney Partners in Recovery Consortium. At New Horizons, we take the utmost care in protecting your personal information. Privacy laws guide us in how we do this. This statement briefly explains how we collect, store, use and disclose your personal information and who we share it with. If you want to know more, please ask us about our *Privacy Policy* available via www.newhorizons.org.au or ask us for a copy.

Why and how we collect and use your personal information

We collect your personal information (including sensitive information) to get a better understanding of you and your needs so we can provide you with the best services available, or if the law requires us to collect it. We only ask you for information that we need to be able to provide those services. The types of personal information we may collect include your name, date of birth and contact details and the types of sensitive information we collect may include your health and medical history.

How is your personal information collected?

In most cases, we collect your personal information directly from you, your family or other people that you want us to talk to. Sometimes we will also collect information from other organisations that have been providing you with services. We may collect your personal information verbally, in writing or electronically via e-mail or our website.

What happens if you don't give us your personal information?

If we ask for your personal information and you don't give it to us, we may not be able to provide you with some or all of our services.

Who do we share your personal information with?

To provide you with the services you need, we may need to share information about you with other parties such as medical practitioners, government departments, health and wellbeing professionals, housing providers and other NDIS service providers. There are times when the law says we must disclose information we hold about you without your consent. We will not use or disclose your personal information for direct marketing purposes.

At times, we may send your personal information to service providers who store data outside Australia (e.g. the United States). If we do this, we will take all reasonable steps to ensure such personal information is treated securely and in accordance with our Privacy Policy and any legal requirements which might apply in connection with our disclosure.

Can you access and correct your information?

You are entitled to access the personal information we hold about you and to request amendment where it is incorrect. If you'd like to do this, please speak to a New Horizons employee or contact us by phone, email or post (details are listed below). If we cannot provide you with access to your information, we will explain why. Our Privacy Policy (available at www.newhorizons.org.au) has more information about how you can access your personal information and request for it to be corrected where you feel it is incorrect.

Making a complaint

If you have a complaint about how we have managed your personal information, please contact the Privacy Officer at New Horizons Enterprises Limited ABN 42 002 066 604 via any of the following methods:

- By phone: (02) 9490 0000
- By email: privacy@newhorizons.org.au
- By post: 15 Twin Road, North Ryde NSW 2113

We will endeavour to resolve the issues you have raised in a reasonable and prompt manner.

Privacy complaints may also be reported to the [Office of the Australian Information Commissioner](http://www.oaic.gov.au) by calling 1300 363 992 or by email to enquiries@oaic.gov.au. More detailed information (including information about Assisted Contact and Translating and Interpreting Services) is available at <https://www.oaic.gov.au/about-us/contact-us>.