



## GENERAL COURT INTERVENTION PROGRAM (GCIP) – Referral Form

### Demographic Information

Name:			
Date of Birth:		Reference Number: <i>internal use only</i>	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Choose not to identify <input type="checkbox"/> Other
Ethnicity:	Please Specify: _____ <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Preferred Language:	Interpreter Required: <input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:		
Disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details:		
Current Address:	Suburb: _____ Post Code: _____ <input type="checkbox"/> Transient <input type="checkbox"/> Homeless		
Phone Number:			
Next of Kin Contact:			

### Referral Information

Referrer:	Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Legal Representative <input type="checkbox"/> Magistrate <input type="checkbox"/> Police <input type="checkbox"/> GCIP Staff <input type="checkbox"/> Other: _____		
Referral Date:			
Is the participant aware of this referral?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I am the person being referred (self-referral)		
In Custody	<input type="checkbox"/> No <input type="checkbox"/> Yes Location: _____ Is an in-custody audio assessment possible? <input type="checkbox"/> No <input type="checkbox"/> Yes, details: _____		
Court Appearance Date			
Plea Entered	<input type="checkbox"/> No <input type="checkbox"/> Yes, Guilty <input type="checkbox"/> Yes, Not Guilty		
Support required in relation to:	<input type="checkbox"/> Physical or Mental Health concerns <input type="checkbox"/> Drug and alcohol dependency and misuse issues; <input type="checkbox"/> Social and economic needs (community relationships, employment, mentoring, etc.) <input type="checkbox"/> Homelessness		
Additional comments:			