



Whittlesea Connect Community Transport Service

Group Referral Form

Agency Details			
Referring Agency Name		Worker Name	
Worker Contact Number		Worker Email	

Group Details			
Group Name			
Group Contact (if same as referring Worker, write as above)			
Address			
Suburb		Post Code	
Phone Number		Mobile	
E-Mail			

Total Number of Passengers						
Group members' Ages (please indicate how many in each age group)	Under 16 Years	17 – 25 years	26 – 40 years	41 – 60 years	61 – 75 years	76+ years
	_____	_____	_____	_____	_____	_____
Aboriginal or Torres Strait Islander (please indicate numbers)	Aboriginal _____			Gender (please indicate numbers of male & female in the group)		Male _____
	TSI _____					Female _____
	Not Stated _____					
Main/Preferred Spoken Language (specify languages spoken by group members and indicate number for each)	Language 1 _____ Nos _____	Ethnicity (specify ethnicity of group members and indicate number for each)		Ethnicity 1 _____ Nos _____		
	Language 2 _____ Nos _____			Ethnicity 2 _____ Nos _____		
	Language 3 _____ Nos _____			Ethnicity 3 _____ Nos _____		
	Language 4 _____ Nos _____			Ethnicity 4 _____ Nos _____		
	Language 5 _____ Nos _____			Ethnicity 5 _____ Nos _____		
	Language 6 _____ Nos _____			Ethnicity 6 _____ Nos _____		

Transport Needs			
Purpose of Journey			
Medical or health appointment	<input type="checkbox"/>	Access to community & welfare service	<input type="checkbox"/>
Attend Social Support Group	<input type="checkbox"/>	Essential Food Shopping	<input type="checkbox"/>
Visiting friends and relatives at health care facility	<input type="checkbox"/>	Community volunteering	<input type="checkbox"/>
Employment Interview	<input type="checkbox"/>	Education/training/Information Session	<input type="checkbox"/>
Attend/participate in social/cultural/leisure/sport activities	<input type="checkbox"/>	Shopping at local or regional shopping facilities	<input type="checkbox"/>
Centrelink/Job Network activity/requirement/interview	<input type="checkbox"/>		
Other (please specify) _____			

Will your agency be making a contribution on behalf of the group? <i>While this is not compulsory, the Community Transport Service is an unfunded service and its continuance will depend on contributions being made by agencies who regularly use the service to support its' clients (invoices and receipts can be provided on request)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have the group members been informed that voluntary contributions from service users are encouraged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Where possible, it is preferred that group members are picked-up and dropped off from a single location (or from as few locations as can be arranged). There are a number of pre-determined pick-up points where service users can be picked-up. This will be negotiated directly with the service user/group contact person. Where this is not possible, please indicate each individual pick-up point in the table below

	Name	Pick-up Address	Suburb	Tel Number	Please provide details of any Disability Aid if used	Ages of Children <i>Please list ages of ALL children under 16 years</i>
1					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
2					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
3					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
4					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
5					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
6					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
7					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
8					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
9					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
10					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
11					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	
12					Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Manual WC <input type="checkbox"/> Other <input type="checkbox"/>	

Pick Up Date		Destination	
Pick Up Address		Significant nearby Landmark	

No. of Journeys are required as part of this referral?	A single one-way journey <input type="checkbox"/>	Multiple journeys – Please describe (eg 3 return journeys at 10am on specific dates)	
	One return Journey <input type="checkbox"/>		

(Please note, service provision will depend on availability and multiple journeys may be limited or not always possible)

**Please return completed form to: Whittlesea Connect, Whittlesea Community Connections, Shop 111, Epping Plaza, Epping 3076
Or Fax to (03) 9401 6677; Telephone: (03) 9401 6666**