



PEER SUPPORT PROGRAM

GENERAL REFERRAL FORM

Please tick this box to show you have read the following paragraph:

This form is **private and confidential**. The only exception will be if the safety of a child is at risk or if there are threats of imminent harm to self or others. Otherwise, we will not share any of this information without asking for your permission. This information may be used for research purposes with all identifying information removed.

Once complete, please email form to peer.support@bchsys.org

Date of Referral (dd/mm/yy):

1. REFERRING PERSON INFORMATION

Name:

Telephone No.:

Email Address:

Position/Title :

Department:

Reason for Referral :

How many people are part of this referral? (*Please complete information of the staff being referred below*)

2. STAFF INFORMATION

Name:

Pronouns:

Telephone No.:

Email Address:

Is this person aware of the referral? Yes No *If no please provide details:*

Position/Title:

Job Status: Full time Part-Time Casual Other, *please specify*

Name:

Pronouns:

Telephone No.:

Email Address:

Is this person aware of the referral? Yes No *If no please provide details:*

Position/Title:

Job Status: Full time Part-Time Casual Other, *please specify*

Name:

Pronouns:

Telephone No.:

Email Address:

Is this person aware of the referral? Yes No *If no please provide details:*

Position/Title:

Job Status: ☐ Full time ☐ Part-Time ☐ Casual ☐ Other, *please specify*



Name:	Pronouns:			
Telephone No.:	Email Address:			
Is this person aware of the referral?	Yes	No	<i>If no please provide details:</i>	
Position/Title:				
Job Status:	Full time	Part-Time	Casual	Other, <i>please specify</i>

Name:	Pronouns:			
Telephone No.:	Email Address:			
Is this person aware of the referral?	Yes	No	<i>If no please provide details:</i>	
Position/Title:				
Job Status:	Full time	Part-Time	Casual	Other, <i>please specify</i>

Name:	Pronouns:			
Telephone No.:	Email Address:			
Is this person aware of the referral?	Yes	No	<i>If no please provide details:</i>	
Position/Title:				
Job Status:	Full time	Part-Time	Casual	Other, <i>please specify</i>

Name:	Pronouns:			
Telephone No.:	Email Address:			
Is this person aware of the referral?	Yes	No	<i>If no please provide details:</i>	
Position/Title:				
Job Status:	Full time	Part-Time	Casual	Other, <i>please specify</i>

Name:	Pronouns:			
Telephone No.:	Email Address:			
Is this person aware of the referral?	Yes	No	<i>If no please provide details:</i>	
Position/Title:				
Job Status:	Full time	Part-Time	Casual	Other, <i>please specify</i>

Name:	Pronouns:			
Telephone No.:	Email Address:			
Is this person aware of the referral?	Yes	No	<i>If no please provide details:</i>	
Position/Title:				
Job Status:	Full time	Part-Time	Casual	Other, <i>please specify</i>