

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 TSI _____ Not Stated _____			Gender (please indicate numbers of male & female in the group)	Male _____ Female _____	
Main/Preferred Spoken Language (specify languages spoken by group members and indicate number for each)	Language 1 _____ Nos ____ Language 2 _____ Nos ____ Language 3 _____ Nos ____ Language 4 _____ Nos ____ Language 5 _____ Nos ____ Language 6 _____ Nos ____		Ethnicity (specify ethnicity of group members and indicate number for each)	Ethnicity 1 _____ Nos ____ Ethnicity 2 _____ Nos ____ Ethnicity 3 _____ Nos ____ Ethnicity 4 _____ Nos ____ Ethnicity 5 _____ Nos ____ Ethnicity 6 _____ Nos ____		

Transport Needs	
Purpose of Journey	
Medical or health appointment <input type="checkbox"/> Attend Social Support Group <input type="checkbox"/> Visiting friends and relatives at health care facility <input type="checkbox"/> Employment Interview <input type="checkbox"/> Attend/participate in social/cultural/leisure/sport activities <input type="checkbox"/> Centrelink/Job Network activity/requirement/interview <input type="checkbox"/> Other (please specify) _____	Access to community & welfare service <input type="checkbox"/> Essential Food Shopping <input type="checkbox"/> Community volunteering <input type="checkbox"/> Education/training/Information Session <input type="checkbox"/> Shopping at local or regional shopping facilities <input type="checkbox"/>
Reason for referral	<p>Transport Disadvantage: Whittlesea Connect is a service for people who have no or very limited transport options. This normally means not having access to</p> <ul style="list-style-type: none"> ▪ Own motor vehicle, or other person with a vehicle ▪ Public transport, or a significant barrier to using public transport ▪ Is unable to afford other means of transport, eg. Taxis <p>Please indicate below the reason for your referral, and in particular how your clients are transport disadvantaged?</p> <p>_____</p> <p>_____</p>

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 it's 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	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		Pick Up Time		What time will the appointment end?	
Pick Up Address				Significant nearby Landmark (if applicable)	
Destination / Drop-Off Address				Significant nearby Landmark (if applicable)	

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**