

REFERRAL FORM

BLUEGUM GROUNDS MAINTENANCE

APPLICANT'S DETAILS	
Name	Date of Birth
Contact details	
Address	
Phone	Mobile
Other contact	
Any person who you would like to assist you with your employment	
Name	Relationship
Phone	Mobile
Type of disability	
Please give details	
Intellectual	
Sensory	
Psychiatric	
Physical	
Other	
Current Health Issues	
Is your condition permanent or likely to be permanent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any issues (health or behaviour) which may affect your safety at work?	

Referees		Please list two referees to whom we can speak regarding any previous employment:	
Employer			
Phone		Mobile	
Employer			
Phone		Mobile	
Centrelink Reference Number			
Are you in receipt of the Disability Support Pension?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an Australian citizen or permanent resident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I declare that the information given above is true and complete to the best of my knowledge and I meet the Entry Criteria set out below.			
Signature			
		Signature	Date
Applicant or person referring			
Name of person referring			Phone
Relationship of person referring			Mobile

Entry

Entry into the NOSS community access program and Bluegum workcrew depends on the individual needs of a person, the availability of resources and specific entry criteria.

All applicants will be treated equally and assessed on their merits in accordance with the NOSS Anti-Discrimination Policy and the NOSS Equal Opportunity and Affirmative Action Policy.

Specific needs of people from different cultures including non English speaking and Aboriginal/Torres Strait Islander background will be taken into account.

All referrals are subject to the availability of a vacancy or appropriate funding.

Entry criteria

Any applicant for the Workcrew must:

(a) have a disability which:

- is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments;
- is permanent or likely to be permanent; and
- results in a substantially reduced capacity of the person for communication, learning or mobility and the need for ongoing support services;

(b) be in receipt of a non-activity tested payment such as Disability Support Pension;

(c) behave in a manner which does not present a danger to self or others;

(d) be over 15 years of age.

Privacy

Any information provided on this Referral Form will be treated as private in accordance with the NOSS Privacy Policy. More information can be obtained by visiting the NOSS website at www.nossinc.org.au

OFFICE USE ONLY

Accepted		
	Signature	Date
Workcrew Manager		
General Manager		
Funding		
ADE <input type="checkbox"/>	Community Access <input type="checkbox"/>	