



Application for Personal Helpers and Mentors program (PHaMs)

All information strictly confidential to be completed by referring agent

Personal Helpers & Mentors Program

An Australian Government Initiative

Date Received: _____

Section A – Applicant’s Personal Information

Surname: _____ Name: _____ DOB: _____

Current address: _____ Postcode: _____

Postal address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Gender: Male Female Country of birth: _____

Languages spoken: _____

Interpreter required: Yes No If 'Yes', which language? _____

Does the applicant identify as being:

Culturally and/or Linguistically Diverse (CALD): Yes No

Aboriginal: Yes No Torres Strait Islander: Yes No

Ex-offender: Yes No Homeless: Yes No

Mature Aged (45+): Yes No Youth (16-24): Yes No

Section B – Eligibility

Does the applicant have difficulty managing aspects of everyday living as result of mental illness? Yes No

Does the applicant have any drug and alcohol concerns? Yes No

Does the applicant agree to address any drug and alcohol issues during the course of the PHaMs program? Yes No

Section C – Employment Goals

Does the applicant have a current vocational goal? If 'Yes', please describe: Yes No

Is the applicant receiving Employment Service assistance (i.e. DES or jobactive)? Yes No

Service name: _____

Contact person: _____ Phone: _____

Section D – Reason for Referral

What does the applicant want to achieve with PHaMs assistance?

What are the challenges impacting on the applicant achieving these goals?

Section E – Parent / Guardian / Carer Details

Name: _____ Relationship: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Please Note: If the applicant is under the age of 18 years or under legal guardianship, the parent/guardian must sign the consent for release of this information in Section G

Section F – Referral Source

Referrer's Name: _____ Position: _____

Agency Name (if relevant): _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Does the person have a wellness plan? Yes No

Please indicate if there is a current order in place:

Community Treatment Order Apprehended Violence Order Other Order N/A

Please provide details: _____

Section G – Consent

I, _____, (Name of Applicant) confirm that I am interested in the Personal Helpers and Mentors program assisting me with my personal goals. I give consent for The ORS Group to seek information pertaining to this referral from the referral source for the application process.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____