

ELECTRONIC USE

REFERRAL COVER SHEET

Date:		Job No:	
Vacancy Title:		Location:	
Client Name:		Date of Birth:	
Client Address:		Phone:	
		Mobile:	
		JSID:	
Email:		SMS Only?	Y <input type="checkbox"/> N <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>		Transport Type:	Own Car <input type="checkbox"/> Public <input type="checkbox"/> Family/Friend <input type="checkbox"/> Taxi <input type="checkbox"/> Other <input type="checkbox"/>
Disability		Disability Category:	
Referring Agency:		Program:	A <input type="checkbox"/> B <input type="checkbox"/> Stream: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Case Manager:		Case Manager Email:	
Phone:		Fax:	Mobile:

CLIENT SUPPORT REQUIREMENTS / MODIFICATIONS:			
Wage Subsidies:	<input type="checkbox"/> \$ over wks	Supported Wage:	<input type="checkbox"/>
Work Experience/Trial:	<input type="checkbox"/> wks	Other (specify):	
On-the-Job Support	<input type="checkbox"/> wks		

My Client authorises (below) Disability WORKS Australia Ltd. to provide information to employers on his/her behalf and fully understands the processes for referrals. My Client hereby indemnifies Disability WORKS Australia Ltd. against any false claims made in regards to this application for the above position.

Client Signature: _____

Signature (on behalf of Client): _____

NAME (Please Print): _____

Date: _____

Office Use Only:

DWA Branch	Client ID	Pre-screen Date	Pre-screened by
Originally Pre-screened for?	Resume Approved	Client Status	Source

DWA National Offices:

NSW / ACT	Ph: (02) 9734 6488	Fax: (02) 9734 7824	Email: nsw@dwa.org.au
SA / NT	Ph: (08) 8276 0900	Fax: (08) 8276 1098	Email: sa@dwa.org.au
QLD	Ph: (07) 3395 8777	Fax: (07) 3395 8666	Email: qld@dwa.org.au
VIC / TAS	Ph: (03) 9940 1502	Fax: (03) 9940 1474	Email: vic@dwa.org.au
WA	Ph: (08) 9300 1020	Fax: (08) 9300 1812	Email: wa@dwa.org.au