**Court and Tribunal Services**

**GENERAL COURT INTERVENTION PROGRAM (GCIP) – Referral Form**

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| **Demographic Information** |
| Name: |       |
| Date of Birth: |       | Reference Number: ***internal use only***  |       |
| Gender: | [ ]  Female [ ]  Male [ ]  Choose not to identify [ ]  Other |
| Ethnicity: | Please Specify: |  |  |
| [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]  Neither |
| Preferred Language: |       |
| Interpreter Required: [ ]  No [ ]  Yes, provide details:       |
| Disability: | [ ]  No [ ]  Yes, provide details:       |
| Current Address: |       |
| Suburb:       Post Code:       [ ]  Transient [ ] Homeless |
| Phone Number: |       |
| Next of Kin Contact: |       |

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|  **Referral Information** |
| Referrer: | Referred by:       |
| [ ]  Self [ ]  Legal Representative [ ]  Magistrate [ ]  Police [ ] GCIP Staff[ ]  Other:       |
| Referral Date: |       |
| Is the participant aware of this referral? | [ ]  No [ ]  Yes [ ]  I am the person being referred (self-referral) |
| In Custody | [ ]  No [ ]  Yes Location:        |
| Is an in-custody audio assessment possible? [ ]  No [ ]  Yes, details:       |
| Court Appearance Date |       |
| Plea Entered | [ ]  No [ ]  Yes, Guilty [ ]  Yes, Not Guilty |
| Support required in relation to: | [ ]  Physical or Mental Health concerns |
| [ ]  Drug and alcohol dependency and misuse issues; |
| [ ]  Social and economic needs (community relationships, employment, mentoring, etc.) |
| [ ]  Homelessness |
| Additional comments: |       |