

GOOD NEIGHBOUR REFERRAL FORM**CONTACT DETAILS**

Name			
Address			
Phone			
Partners Name			
Email			
Ethnicity		Adult Youth Child Senior	circle one
Name of Dependents & Ages			
Project Outline			
Date Accessed		Date to be completed by	

REFERRED TO US BY

Name, Email & Phone	
Other Services or help being provided for this person/family	
Are there other agencies involved and what do they do	
What other help do they need?	
Are there family members or neighbours that can help	

- Is it okay for you/your children to appear in photos for Good Neighbour promotional purposes
- When necessary, is it okay for us to share your contact details with a Good Neighbour volunteer to help with co-ordination, planning and follow up.
- On assessment of job, a payment may be required. If so, I agree to pay this prior to or on the day project is done.

In the future, would you consider helping with a Good Neighbour project or event? Yes/No

Anything else you'd like us to know?

FOR FIREWOOD REQUESTS ONLY

- I am happy to pay \$30 and will attend one of the firewood days.
- I would like to receive the free smoke alarm that the Fire Services are offering and I give consent for my contact details to be forward to them to arrange installation.

Thanks for allowing us to partner with you and your family.

Signed:

Date:

GOOD NEIGHBOUR OFFICE TO COMPLETE

PROJECT ASSESSMENT DETAILS			
Full Description & Assistance Required			
Time Needed		Preferred time <small>(please circle)</small>	AM PM
Equipment Needed			
Project suited to			
Team Leader	Volunteers needed	Project Time & Date	
SITE HAZARD IDENTIFICATION			
(e.g. steep site, access, parking etc.)			
NOTES			
Agreed cost if any: \$		For:	
Date Completed:		Emailed referral agency: YES NO <small>(circle one)</small>	
Comments:			
Needs follow up: YES NO <small>(circle one)</small>			
FOR FIREWOOD			
Amount of Firewood:		Donation:	Client Attended: YES/NO
Smoke alarm referred to Fire Services:	YES/NO	Time Taken:	
Signed by:			