



TRP Referral Form

Application for support from the
Transitional Recovery Program (TRP)

Date

Please note, referrals are only accepted by the Sunshine Coast Health, Adult Mental Health Services.

Support Requirements

Which section of TRP are you applying for?

☐ TRP Empower (accommodation program) ☐ TRP Connect (outreach support)

Personal Details

Full Name:

Preferred Name: Gender:

Address:

Telephone: Mobile:

Date of Birth: Ethnicity:

Do you identify as Aboriginal or Torres Strait Islander (TSI)?

☐ Aboriginal ☐ Torres Strait Islander ☐ Both
☐ Neither ☐ Prefer not to state

Do you have a QCAT appointed Personal Guardian? ☐ Yes ☐ No

Please give us the name and contact number of your Personal Guardian.

Name: Phone:

Do you have a diagnosed mental illness? ☐ Yes ☐ No

If yes, please provide brief details:

Do you require an interpreter? ☐ Yes ☐ No

Current Support Service

Are you currently receiving support from any other services? ☐ Yes ☐ No

Are you an NDIS participant? ☐ Yes ☐ No

Note: The purpose for the history questions below is to assist the TRP to ensure that we are able to provide the best possible support for you in the program. Answering "Yes" to any of the questions does not mean you are ineligible for the program.

Do you have any history of drug and/or alcohol misuse? ☐ Yes ☐ No

Do you have a history of suicide attempts? ☐ Yes ☐ No

Do you have any history of actual or attempted self-harm? ☐ Yes ☐ No

Do you have any history of violence and/or aggressive behaviour? ☐ Yes ☐ No

Are you currently on a Forensic Order? ☐ Yes ☐ No

Are you currently on a Treatment Authority? ☐ Yes ☐ No

Do you currently have a formal risk management strategy in place relevant to any of the items above? ☐ Yes ☐ No

Please attach any relevant supporting documentation to this referral (e.g., risk assessment, discharge summary etc.).

Number of hospital admissions for your mental health in the last 12 months? _____

Recovery Orientated Goals / Additional Comments

Please outline your recovery-oriented goals and include any additional comments relevant to this referral.

Application Checklist

Please ensure all the following items are checked off **BEFORE** submitting this application.
(Please tick each item):

- ☐ All sections of form are fully completed.
- ☐ Form is signed (below) by referring person from Queensland Health Adult Mental Health Services.
- ☐ Relevant documentations attached.

Signature of Referrer

Name: _____ Signature: _____

Position Title: _____ Department: _____

Date: _____

Signature of Client

I confirm that I consent to the TRP Referral on my behalf.

Name: _____ Signature: _____ Date: _____

Important

This form must be signed by **both** the referrer and the applicant prior to being submitted. Incomplete forms may be returned to the referrer for correction prior to being considered.



Privacy Collection Notice

Privacy is important at Lutheran Services, and we comply with the Privacy Act.

Lutheran Services* is committed to protecting the privacy of individuals and their personal information and complies with the Commonwealth Privacy Act 1988.

This Privacy Statement explains your rights and our approach to privacy.

Please read it carefully as it explains how we collect, use, and disclose the personal information you provide to Lutheran Services.

1. Lutheran Services* is the party who is collecting your personal information.

2. If you need to contact us about privacy and your personal information you can:

- Email us at privacy@lutheranservices.org.au
- Write to us at PO Box 1535, Milton 4064, Queensland, Australia
- View our process at lutheranservices.org.au

3. We collect different types of personal information depending on the nature of our engagement with you from a number of different sources including:

- Directly from you.
- From your authorised representatives, including your family, your attorney appointed under an Enduring Power of Attorney, friends, medical practitioners, or hospitals.
- From outside sources and third parties.

We may collect credit information about you:

- From your guarantor listed on your agreement (if applicable).
- From service providers who assist us to provide our services to you or process your payments to us—including IT service providers, contractors, and sales consultants.
- From third parties connected with the sales and after sales process including ecommerce services and financial institutions.
- In instances where we are required by law to collect information without notifying you.

4. We collect your personal information for a number of purposes including:

- To provide you with our services.
- To assist you to make decisions relating to your care and health.
- To process Medicare and NDIS claims on your behalf.
- To administer onsite medical treatment.
- To contact next of kin or appointed attorney in an emergency.
- To process payments including debt collection and refunds.
- To handle enquiries and complaints.
- To help us improve our internal processes and systems.
- To meet regulatory, legal, and legislative requirements.
- To provide you with relevant updates or services.
- To provide notices regarding fundraising opportunities.

You acknowledge and agree to your personal information being collected and used for and in connection with these purposes and any other purpose described in our Privacy Policy.

5. If we do not collect personal information about you:

We may be unable to provide you with healthcare or other services, process your enquiry, complaint or Medicare or NDIS claim, or supply you with information.

6. Your personal information may be disclosed to the following classes of people:

- Lutheran Services related entities.
- Medical, clinical and pharmacy partners who assist us to care for you.
- Third party service providers including marketing, sales, and IT service providers.
- Third party service providers including payment-related, financial, and legal institutions.
- Our contractors and agents — including third party providers of bill/credit services.
- Guarantors and referees listed in your agreement.
- Courts.
- Any other organisation where the disclosure will lessen a serious or imminent threat to somebody's life or health.

7. Opting out of direct marketing

- If you no longer wish to receive direct marketing communications from Lutheran Services (including email, SMS, phone or mail relating to fundraising, events or other marketing activities), please email contact@lutheranservices.org.au.
- We may send you direct marketing where you have provided consent, where consent can reasonably be inferred, or where it is reasonable to expect contact based on your previous interactions with Lutheran Services.

8. We have a process if you wish to access and correct any of your personal information or make a complaint about the way we have handled your personal information.

This can be found on our website lutheranservices.org.au or you may request a copy by contacting us using the details above.

9. By continuing to seek our assistance, you give your voluntary express consent to Lutheran Services collecting, using, storing, disclosing, and disposing of your personal information in this manner.

*** Who is this Privacy Statement about?**

Lutheran Church of Australia Queensland District (Lutheran Community Care) trading as Lutheran Services ABN 47 291 464 804 (Lutheran Services, we, us, our) is committed to protecting the privacy of individuals and their personal information and complies with the Privacy Act 1988 (Cth) (Privacy Act).