

The Wilderness Program

Referral Agent Assessment

Referral name:

Organisation:

Phone:

Applicant name:

| |
|--|
| |
| |
| |
| |

What issues affecting your client could we focus upon?

What progress has been achieved in these areas to date?

What strong areas of interest does he/she maintain?

Is this seen as a positive influence? If so please describe

Yes No

Are there any issues that may make this client unsuitable for a course where minors are present?

Are there any other physical/mental health issues that we should be aware of?

Any further comments or relevant information?

Would you like us to contact you to discuss any relevant issues?

Yes No

What are the funding arrangements (for payment of the course fees)?

This correspondence is for the named person's use only. It may contain confidential or legally privileged information or both. This information may be viewed by yourself, your referral and staff at the Wilderness Program. This information can only be released to others according to our Privacy Policy. You must not disclose, copy or rely on any part of this correspondence if you are not the intended recipient.