**STOKED Referral Form (Agencies)**

**Activity: Surf Therapy**

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| --- | --- |
| **Name:** |  |
| **Age:** |  |
| **Contact number:** |  |
| **Agency:** |  | **Program:** |  |
| **Key worker:** |  | **Contact no:** |  |
| **Location:** |  | **Email Address:** |  |
| **Allergies:** |  |
| **Ambulance cover:** |  | **Number:** |  |
| **T-Shirt Size** |  | **Height:** |  |

|  |  |
| --- | --- |
| **What do you hope to get out of this activity?**  |  |
| **Will you require any assistance in order to be able to participate fully in the program?** (if yes, support worker needs to be provided by referring agency) |  **Yes**  | **No** |
| **What do we need to know about you?** (behavioural, phobias, medication, asthma)  |  |
| **Can you swim?**  | **Yes** | **No** |
| **If transported by Brophy we sometimes need to carpool, are you ok with this?**  | **Yes**  | **No** |
| **Do you consent to photos/videos being taken and potentially used to promote the programs internally** (Brophy staff) **and externally** (social media, newspapers, flyers)**?**   | Love photos -Share them! | Internally @ Brophy only | No photos |
|  |  |  |
| **Are there any DHHS orders in place for the participant?**  | **Yes**  | **No** |
| **If yes, has permission been obtained?** |  |

**STOKED is a 3- or 6-week surfing program that also includes a range of education sessions, although this program you are signing up for is finalised we always look for ways and input from participants to ensure we are meeting your need. Can you please tick which of the following topics you think would be interesting to learn more about;**

 **AOD (Alcohol & Other Drugs)**

**Nutrition & Healthy Eating**

**Connection to Culture**

**Mental health**

**Homelessness**

**Gaming & Gambling**

**LGBTIQ+**

**Healthy Relationships**

**All things money**

**The following 4 questions is just to see if our program actually works ( 1 = the lowest score you can give and 5= the best score you can give), the same 4 questions will be asked at the end of the 6 weeks.**

* **On a scale of 1-5 how is your current mood? \_\_\_\_\_**
* **On a scale of 1-5 how confident are you in finding tools to support your mental health? \_\_\_\_\_**
* **On a scale of 1-5 how connected do you feel to your local community? \_\_\_\_\_**
* **On a scale of 1-5 how hard is it currently making new connections/friends? \_\_\_\_\_**

**Will you be able to commit to the full 3/6-week program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Signature** |  | **Date** |  |
| **Guardians Signature** **(if under 18)** |  | **Date** |  |
| **Relationship to Participant**  |  |