**Career Management Services**

**Referral Form**

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|  | **Referral** |
| Date |  |
| **Organisation details**  Contact Name:  Title:  Address:  Phone:  Email: |  |
| **Client Contact details**  Name:  Address:  Phone :  Email : |  |
| Referral details/Services required: |  |
| Documents attached  Resume Attached  Yes/No |  |
| Claim number |  |
| Hours certified for work |  |
| Pre-injury employer |  |
| Pre-injury role |  |
| Pre-injury hours |  |
| Pre-injury earnings |  |
| Current/Past employment |  |
| RPL’s |  |
| Vocational goals |  |
| Restrictions |  |
| Nature of injury and diagnosis |  |
| Authority to exchange information attached |  |
| Additional notes |  |

|  |  |  |
| --- | --- | --- |
| **Service Approved- Yes/no** | **Service** | **Billing Code** |
|  |  |  |
|  |  |  |

**For Career Management Services:**

* Call to Contact/Case Manager prior to contacting the client.

**For the Case Manager/Contact from Referring Organisation :**

* Referrals to be sent to email address below:

**Career Management Services   
P 1300 588 088**

[referrals@careermanagementservices.com.au](mailto:referrals@careermanagementservices.com.au)

[www.careermanagementservices.com.au](http://www.careermanagementservices.com.au)