**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 AttachedYes/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

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