



GumbiGumbi

**ABORIGINAL AND TORRES STRAIT ISLANDERS
CORPORATION**

Application Form

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ABN	70 235 174 399
ICN	1229

(This application is valid for 3 months)

APPLICATION CONSENT FORM

Note: If, after reading this page you are at all unsure of what is written, please discuss it with our staff.

Holistic Drug and Alcohol Awareness Service

As part of providing a holistic service to promote drug and/or alcohol awareness to you, the clinical staff of Gumbi Gumbi Drug and Alcohol Awareness Centre will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the application process and of any assessment and/or treatment that is conducted.

You do not have to give all your personal information, but if you don't, this may mean the service provided may not be as effective or in some cases may not be offered.

Purpose of collecting and holding information.

The information is gathered as part of the application process and as part of the assessment, diagnosis, and treatment of the client's condition. It is seen only by authorized people. The information is used and retained to assess your suitability for our service (including your own and other's safety), to document what happened, and to enable the clinical staff to provide a relevant and informed service. Information we will gather include but not limited to:

- A full medical history and/or mental health assessment and records
- Copies of any court records including probation and parole conditions/police records
- Any records with other services that you may engage with

Access to Client Information

At any stage you as a client are entitled to access your information kept on file unless relevant legislation is provided otherwise. The clinical staff may discuss your appropriate forms of access.

Confidentiality

All personal information gathered by the clinical/assessment staff during application, assessment, and/or service provision processes will remain confidential and secure except where:

1. Disclosure is required or authorized by law (e.g., court subpoena); or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your approval has been obtained.

I have read and understood the above *Consent Form*. I agree to these conditions for the holistic Drug and Alcohol Awareness service to be provided by the *Gumbi Gumbi Drug and Alcohol Awareness Centre*.

CLIENT NAME	
CLIENT SIGNATURE	
DATE	

STAFF MEMBER'S NAME	
STAFF MEMBER'S SIGNATURE	
DATE	

INTAKE ASSESSMENT SCREEN

BASIC INFORMATION				
FIRST NAME:	SALUTATION: MR MISS MRS MS			
MIDDLE NAME:	GENDER: MALE FEMALE OTHER			
LAST NAME:	DATE OF BIRTH:			
PHONE:	MOBILE:			
YOUR ADDRESS:	CITY:			
STATE:	POSTCODE:			
EMAIL:				
TYPE OF HOUSING: GOVERNMENT COMMUNITY PRIVATE HOMELESS OTHER _____				
CULTURAL BACKGROUND: - (You must circle at least one)				
ABORIGINAL	TORRES STRAIT ISLANDER			
SOUTH SEA ISLANDER	OTHER:			
NOTE THAT TO BE CONSIDERED FOR GUMBI GUMBI YOU MUST HAVE A CURRENT VALID MEDICARE CARD				
WRITE CARD EXPIRY DATES BELOW				
DO YOU HAVE A CURRENT VALID MEDICARE CARD?	YES NO			
IF ARE YOU RECEIVING A GOVERNMENT PAYMENT, DO YOU HAVE A CURRENT VALID HEALTH CARE CARD OR PENSION CARD?	YES NO			
EMERGENCY CONTACT PERSON (OPTIONAL)				
NAME:	RELATIONSHIP:			
PHONE:	MOBILE:			
ADDRESS:	CITY:			
STATE:	POSTCODE:			
EMAIL:				
MARITAL STATUS				
SINGLE	MARRIED	DEFACTO	DIVORCED	()
ARE ANY CHILDREN IN YOUR CARE?	YES	NO		
IS CHILD SAFETY INVOLVED?	YES	NO		
IF CHILD SAFETY IS INVOLVED; PROVIDE DETAILS:				
CRIMINAL HISTORY				
DO YOU HAVE A CRIMINAL HISTORY?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU HAVE ANY PENDING COURT CASES?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
YOU MUST PROVIDE DETAILS OF ANY PENDING COURT CASES (Copies MUST be sent)				
DO YOU HAVE A CURRENT DOMESTIC VIOLENCE ORDER OR APPREHENDED VIOLENCE ORDER (DVO OR AVO)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF YES...	<input type="checkbox"/>	AGAINST YOU	<input type="checkbox"/>	SOMEONE ELSE
COMMENTS ABOUT YOUR CRIMINAL HISTORY: -				

ADDICTION INFORMATION	
NOTE: ANSWER BELOW QUESTIONS BASED ON YOUR DRUG AND/OR ALCOHOL USE.	
WHICH DRUGS (INCLUDING ALCOHOL) DO YOU MOST COMMONLY USE?	
ALCOHOL <input type="checkbox"/>	AMPHETAMINES (MDMA) <input type="checkbox"/>
CANNABIS <input type="checkbox"/>	VALIUM <input type="checkbox"/>
COCAINE <input type="checkbox"/>	HEROIN <input type="checkbox"/>
METHADONE (Subutex/Suboxone) <input type="checkbox"/>	METHAMPHETAMINE <input type="checkbox"/>
OTHER:	
HAVE YOU ATTENDED REHAB PRIOR: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES – Where and When:	
LIST ANY OTHER ADDICTIONS YOU MAY HAVE (E.G. GAMBLING, GAMING):	
DO YOU SUFFER MEDICALLY FROM ANY OF THE FOLLOWING?	
COMPLICATIONS DURING DETOX <input type="checkbox"/>	SHAKES/TREMORS <input type="checkbox"/>
BLACKOUTS <input type="checkbox"/>	HALLUCINATIONS <input type="checkbox"/>
FITS/SEIZURES <input type="checkbox"/>	
HOUSEKEEPING INFORMATION	
<u>IF YOU ARE IN GUMBI GUMBI YOU ARE IN A DRUG AND ALCOHOL ADDICTION REHABILITATION PROGRAM.</u>	
<u>Therefore, it is mandatory for you to attend program sessions, if you refuse to attend, you are breaching our healthy boundaries, and will be exited from Gumbi-Gumbi.</u>	
HOW DID YOU FIND OUT ABOUT OUR PROGRAM?	
DO YOU HAVE A CURRENT DEPARTMENT OF HOUSING APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Gumbi Gumbi is not responsible for finding accommodation for you before, during, or after the program is completed.	
ARE YOU IN ANY SIMILAR PROGRAM (E.G. ATODS, CQID)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT IS YOUR CASE WORKER'S NAME?	
IF YES, WHAT IS YOUR CASE WORKER'S CONTACT NUMBER?	
REFERRAL SOURCE	
CORRECTIONAL CENTRE	COURT
LEGAL SERVICE	ATODS
OTHER GOV/NON GOV ORGANISATION	MEDICAL CENTRE
MENTAL HEALTH	SELF
PROVIDE REFERRER DETAILS:	

MEDICAL INFORMATION			
DO YOU HAVE ANY CHRONIC MEDICAL CONDITIONS? (E.G., DIABETES, KIDNEY, LIVER DIALYSIS, STI'S)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE DETAILS:			
ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DETAILS:			
IF YOU HAVE YOUR OWN PREFERRED DOCTOR (GP), PROVIDE NAME AND CONTACT DETAILS: -			
ARE YOU CURRENTLY ON MEDICATIONS OR DEPOT INJECTIONS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, LIST BELOW WHAT YOU ARE TAKING , HOW MUCH, AND HOW OFTEN?			
SUMMARY OF FAMILY HISTORY E.G. FAMILY MEDICAL HISTORY/MENTAL HEALTH HISTORY?			
CIRCLE ANY BLOOD BORNE VIRUSES YOU KNOW YOU HAVE?			
HEP C	HEP B	HIV	OTHER:
LIST ANY ALLERGIES OR REACTIONS (E.G., FOOD, MEDICATIONS, ETC)?			
DO YOU HAVE A CURRENT TREATMENT ORDER (ITO) THROUGH MENTAL HEALTH?			
HAVE YOU EVER HAD A MENTAL HEALTH ASSESSMENT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE THE DIAGNOSES DETAILS			
WHAT?	WHERE?	WHEN?	
WHAT?	WHERE?	WHEN?	
WHAT?	WHERE?	WHEN?	
DO YOU HAVE ANY HISTORY OR THOUGHTS OF SUICIDE OR SELF-HARM IN THE LAST SIX MONTHS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE DETAILS			
ADMINISTRATIVE INFORMATION			
WHAT TYPE OF BENEFIT OR PAYMENT ARE YOU ON?		WHEN IS YOUR NEXT PAYDAY?	
DO YOU HAVE ANY DEDUCTIONS FROM YOUR BENEFIT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES- LIST DEDUCTIONS, AMOUNTS, AND HOW OFTEN THEY ARE PAID:			
DO YOU PAY SPERS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, HOW MUCH DO YOU PAY?			
NAME OF YOUR EMPLOYMENT SERVICES PROVIDER:			
IF YOU ARE ON CENTRELINK PAYMENTS, YOU MUST PROVIDE A CENTRELINK INCOME STATEMENT.			

APPLICATION CHECKLIST

NOTE: All items on this form must be checked off.

PERFORM AND RETURN THE FOLLOWING TASKS	CHECKED
Read and sign the application consent form	
Make photocopies of all your identification documents	
Make sure you have a current valid Medicare card	
If eligible, make sure your health care card or pension card is current and valid	
Supply a full medical history and/or mental health assessment	
Get copies of any of your current court case documents.	
If you are on Centrelink (department of human services) payments, you must provide a current income statement .	
Able to pay ongoing rent and first fortnight (includes \$30 admin fee) upfront \$570 and \$540 each fortnight following.	

If, and only if, you complete and return all the requested items will your application be considered.

BY SIGNING THIS APPLICATION YOU:

- (1) Consent to Gumbi Gumbi following-up and sharing relevant information with relevant organizations and persons you have mentioned in your application with the understanding that such follow-up and sharing will be specifically related to the assessment of your application and hence your suitability for our service.
- (2) Consent that any relevant information obtained in the application and assessment process may be used in any subsequent service that may be provided to you by Gumbi Gumbi.
- (3) Agree that Gumbi Gumbi is not in any way legally liable for any issues arising from information requested by Gumbi Gumbi that you (the applicant) either did not disclose or did not fully disclose.

CLIENT NAME:			
CLIENT SIGNATURE:		DATE:	

Some important things to note:

- Your phones are placed in a locked locker, and you can access this for 15 min in the morning 8.30am to 8.45am and 10 minutes in the afternoon 2.45pm – 2.55pm during this time you are not permitted to receive or make phone calls. You will also get 2 x 10min phone calls between 5pm and 8pm on our landline or a 20 min zoom call can be arranged by staff
- **Designated smoking area (DSA)** is standing only, all smoking is to take place in the DSA which includes the rolling of tobacco
- **Dress code:** dress with respect and keep in mind of the communal living (men and women). No short shorts, bare midriffs or excessively exposed skin.
- **No relationships** with clients or staff
- **Respect towards staff and others** is required. If any disrespect is observed, it will be addressed through a discussion with the staff and clients involved. Continued disrespect may result in staff exiting you from Gumbi-Gumbi.
- **Shopping days:** only 1 day a week for 1 hour with a staff member, at this time you must buy enough to last you the week, there are no extra trips throughout the week for missed items.
- **No smuggling of drugs or alcohol**, when caught or found and it leads back to you with drugs you will be escorted out with the police and your drugs, and alcohol you will be exited without your alcohol
- If you are going to **exit the program early without notice you will not get a refund**, you must give **2 weeks' notice** or this will lead to no refund of rent.
- **When you exit you must** advise Centrelink yourself and **cancel the Centrepay deduction**, this isn't Gumbi's responsibility, you must stop it at your end once your final deduction has occurred and your account is paid in full.
- After the first 2 weeks, you may be permitted to have 2x 1-hour **visits** on site in the front courtyard on the weekend and will be supervised by a staff member. After 4 weeks you can apply for 4 hours **leave** off site, but you are responsible for your own transport to and from, when you return you will be drug tested, breathalysed and your bags will be searched. Overnight leave will not be permitted unless you have completed the program exemplary and nearing 3 months in the Gumbi-Gumbi residential program.

For further enquiries, please phone Gumbi-Gumbi on (07) 49228355, from Monday to Friday between 9:00 am and 4:00 pm.