



About Support Pathways Pty Ltd/Community Collective Victoria

Community Collective Victoria/Support Pathways Pty Ltd operates for the benefit of regional and low socioeconomic areas to help improve the mental health and wellbeing of our community members. We work in partnership with Neighbourhood House and other Community Centres.

We provide supports in many ways through psychology, social work, counselling, and NDIS advocacy.

Locations we use around Victoria, including; Ballarat, Geelong, Warrnambool, Mooroopna, Werribee. We also have one site in Perth, Forrest Lakes.

Although Community Collective Victoria/Support Pathways initiative is a no gap, confidential service you may be charge for assessments and reports. If you have any concerns, please contact admin.

Services available

The services available at Community Collective Victoria/Support Pathways Pty Ltd include (for all ages);

- Therapy including CBT and CPT
- Cognitive assessments including ADOS, WIAT, WAIS and WISC
- Psychometric screening and assessment including ASD, ADHD, anxiety and depression.
- Face to Face appointments, as well as telehealth; phone or video sessions.
- NDIS advocacy and support

Please note that this is not an emergency service.

If there are immediate concerns regarding your safety or wellbeing please contact:

Mental Health Emergency Response Line on 1800 555 788

Lifeline 13 11 14

Suicide Call Back Service 1300 659 467 For immediate support, please call 000



Referral into Community Collective

Please complete and email back to admin@ccvic.community or call 03 4250 8134.

Once the referral has been added into the system we will notify via email.

CLIENT DETAILS	
Date:	Consent given for referral? <input type="checkbox"/> YES <input type="checkbox"/> NO
Client's Name:	DOB:
Pronouns: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Address:	Phone:
Email:	Covid19 Vax: <input type="checkbox"/> Unvaxxed <input type="checkbox"/> Vaxxed
Language spoken at home:	Interpreter required? <input type="checkbox"/> YES <input type="checkbox"/> NO
REFERRER DETAILS (if not yourself)	
Name:	Organisation & position:
Email:	Phone:
INTAKE DETAILS	
If the client is under the age of 16yrs, please include the parent/guardian details:	
Does the parent/guardian give consent for this referral <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/Guardian Full Name:	
Phone:	
Email:	
Emergency Contact Details	
Full Name:	
Phone:	
Email:	
CURRENT SERVICES	
GP Name: Practice:	Mental health care plan? <input type="checkbox"/> YES <input type="checkbox"/> NO
NDIS plan? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If you answered YES please answer the NDIS related questions)</small>	NDIS claim number:
NDIS Plan Dates Pstart date: End date:	Plan Manager/Support Coordinator Name: Organisation: Phone: Email:
How is the NDIS plan managed? <input type="checkbox"/> Self Managed <input type="checkbox"/> Plan Managed <input type="checkbox"/> Agency Managed	
What other services is this client link with (care team)?	



APPOINTMENT PREFERENCES	
Supports Required (e.g. venue access, support person, translator, access to a computer)	
Location: <input type="checkbox"/> Geelong <input type="checkbox"/> Wyndham/Tarneit <input type="checkbox"/> West Footscray <input type="checkbox"/> Deer Park <input type="checkbox"/> Colac <input type="checkbox"/> Portland <input type="checkbox"/> Mooroopna <input type="checkbox"/> Ballarat <input type="checkbox"/> Bendigo <input type="checkbox"/> Forrest Lakes (WA)	
Appointment time: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime	Appointment Type: <input type="checkbox"/> Face to face <input type="checkbox"/> Telehealth <input type="checkbox"/> Either
I am looking for a: <input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Counsellor	
I am seeking NDIS <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Yes, working by another organisation <input type="checkbox"/> Yes, supported by Support Pathways	
REASON FOR REFERRAL Please include any information which may be useful to assist with the referral (e.g. Mental health, AOD, Assessments, Diagnosis, Relationship issues, NDIS letter of support etc)	



CONSENT FOR REFERRAL & INFORMATION TO BE STORED

Referral into Psychology

Thank you for your interest in Community Collective Victoria/Support Pathways Pty Ltd services.

All information collected will be treated confidentially and will not be used for any other purposes than for making and managing service appointments.

The information gathered on this form will be stored in the Community Collective database, Halaxy.

There is no out of pocket fee for our services, however you may be charged for assessments.

Our services are entirely funded by government agencies such as NDIS, TAC, Medicare, WorkCover and occasionally, pro bono.

Please be aware that there may be a cancellation fee payable if you cancel your appointment with less than 48 hours' notice (i.e. the full NDIS rate, including any applicable travel will be charged for NDIS funded clients who do not give sufficient notice).

- I confirm that I give consent or have gained consent for this referral and give consent to store this information on Halaxy for the purpose of this referral.
- I confirm that I give consent or have gained consent for Support Pathways Pty Ltd / Community Collective Victoria to obtain relevant information from government and/or community-based agencies, Doctors and health professionals that is relevant to my/my client's care.
- I confirm that I understand that there may be a cancellation fee payable if there is less than 24 hours notice of a cancellation.

(By typing your name, you confirm that you agree to the information in this document)

Signed by client and/or referrer:

Print name:

Date:

Please return the completed form to admin@ccvic.community

- We will email the client our online intake form. This must be completed before the appointment or otherwise it will be done during the session.
- If we try to contact the client and they do not answer, we will send a email or SMS. If the client does not contact us within 2 weeks, then the referral may be archived.
- If an appointment is not attended, the client must contact us to reschedule the appointment. If 3 or more appointments are cancelled last minute or not attended to then the client's referral may be archived.
- The client is welcomed to contact us at any time if they require a follow up.