Job Capacity Account Services
Referral Form

This completed referral form can be forwarded to Merendi Health & Wellness Head office via;

Email: administration@merendi.com.au **Fax:** 1300 881 538 **Phone:** 1300 881 536

The JCA Assessor may wish to phone our office to confirm an appointment for their client. We will email the JCA Assessor a confirmation of receipt of referral and details of the initial appointment time.

Referrer Details

Company Name: _____

JCA Assessor Name: _____

Phone No: _____ Fax No: _____ Email: _____

Invoicing Address: _____

Date JCA Report Submitted ___/___/____

Location of JCAc Services to be conducted:

☐Caboolture ☐Strathpine ☐Redcliffe ☐Kawana ☐Bribie Is ☐Noosa ☐Gympie

Client (Job Seeker) Details

Name: _____ ☐ Male ☐ Female

DOB: ..../..../.... JSID: _____

Address: _____

Home Ph: _____ Mobile: _____ Email: _____

Interpreter Required? ☐ Yes ☐ No Language: _____

Other Client Requirements: _____

Presenting Issues and/or Barriers:

- • • •
- • • •

Expected Outcomes:

- • • •
- • • •

Job Network Details

Is the client currently linked to a Job Network Provider (JNM)? ☐ Yes ☐ No

JNM Organisation: _____ JNM Ph: _____

JNM Referral Date: ..../..../....

Intervention (Service) Required

☐ Pain Management Program ☐ Cognitive Behavioural Therapy Program

☐ Personal Counselling Program ☐ Behaviour Change and Modification Program

☐ Work Fit Program

Please note: *These JCAc Services meet DHS requirements and do not exceed $1000 per case. All services are provided to a maximum of 6 sessions and include an exit report. Approval for additional services will be requested from referrer if required.*