



THIRRILLI



## Thirrili Support Referral Form

Email to [intake@thirrili.com.au](mailto:intake@thirrili.com.au) or Complete a Referral via Phone 1800 805 801

**If this is an emergency, call 000**

**PLEASE COMPLETE ALL RELEVANT SECTIONS OF THE REFERRAL**

First Name				Surname		
Other Names Known by:						
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	<input type="checkbox"/> Other	DoB	
Address						
Email				Mobile		
Community						
Preferred Language	Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Hearing or Literacy Support Needed?	Is this person safe now? <input type="checkbox"/> Yes <input type="checkbox"/> No, call 000					
Does the person/family consent to the referral and to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> External Referral			<input type="checkbox"/> Internal Referral		
Client is the Primary Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, key contact name & number:						

**Referral required (please tick):**

<p><b>Thirrili Prevention Support (ACT Only)</b></p> <p>As a care coordination service, Thirrili also delivers suicide prevention support through culturally grounded groups, workshops, and programs. These collective approaches strengthen protective factors by building connection, resilience, and shared wellbeing within communities, helping to reduce the risk of suicide before it arises.</p> <p><b>Please tick to register your interest in engaging with Thirrili's prevention support.</b></p>
<p><b>Thirrili Intervention Support (ACT Only)</b></p> <p>Thirrili provides culturally responsive support during times of crisis by connecting clients and families with immediate, appropriate services that ensure safety, stabilisation, and access to mental health care when suicide risk is present.</p> <p><b>Please tick if the client being referred is:</b></p> <ol style="list-style-type: none"> <li>1. Aboriginal and/or Torres Strait Islander</li> <li>2. Deemed high risk and in need of suicide intervention support</li> </ol>
<p><b>Thirrili After Care Support (ACT Only)</b></p> <p>Following a suicidal crisis or attempt, Thirrili supports individuals and their families through coordinated access to ongoing, culturally safe care, ensuring connection to services that promote healing, recovery, and long-term wellbeing.</p> <p><b>Please tick if the client being referred is:</b></p> <ol style="list-style-type: none"> <li>1. Aboriginal and/or Torres Strait Islander</li> <li>2. In need of after care support following a suicide attempt or crisis</li> </ol>
<p><b>Thirrili Post-Vention Support (All States and Territories)</b></p> <p>As an advocacy and care coordination service, Thirrili is here to connect clients/families with already existing, culturally safe services and existing community networks that will support and address the client/family's needs.</p> <p><b>Please tick if the client being referred is:</b></p> <ol style="list-style-type: none"> <li>1. Aboriginal and/or Torres Strait Islander</li> <li>2. Has been affected by suicide or a sudden traumatic loss</li> </ol>

**What might be relevant for the individual and/or family being referred?**

<input type="checkbox"/> Counselling Support	<input type="checkbox"/> Grief & Loss
<input type="checkbox"/> Financial Support	<input type="checkbox"/> Parenting and Family Support
<input type="checkbox"/> Coronial Support	<input type="checkbox"/> Social Isolation
<input type="checkbox"/> Victim Support	<input type="checkbox"/> Domestic and/or Family Violence - Preferred way of contact: Call Text Email
<input type="checkbox"/> Housing Advocacy	<input type="checkbox"/> Drug and Alcohol
<input type="checkbox"/> Cultural and Community Connection	<input type="checkbox"/> Mental Health Challenges

**Please provide details:****Support Required:** (What are the Thirrili supports needed? What are your expected outcomes?)**Are there any other Services/Agencies involved?**  Yes  No*If yes, please provide details:***PLEASE COMPLETE BELOW IF THIS REFERRAL IS RELATED TO POSTVENTION SUPPORTS****Please provide some brief information about the incident and the person who has passed.**

<b>Location of Incident</b>
<b>Date of Incident</b>

<b>Full Name (if appropriate to share with us)</b>		
<b>Gender</b>	<b>Date of Birth / Age</b>	<b>Relationship with Client</b>

**Referrer's Details**

<b>Date</b>
<b>Name</b>
<b>Contact Number</b>
<b>Organisation</b>

## FAQ's

### **Why?**

This form was created to ensure Thirrili is capturing the correct and relevant client information at this phase to ensure that the referral is appropriately allocated and quality services are being delivered to all individuals and families.

### **Who can refer?**

External service providers, family and friends, and individuals can also self-refer.

### **How?**

All internal and external referrals can be emailed directly to [intake@thirrili.com.au](mailto:intake@thirrili.com.au)  
Thirrili will action the referral form as per the referral pathway process.

### **What happens after I submit this form?**

*Internal/External/Self Referrals* - The referral will be checked over to ensure all relevant information has been provided. Our State and Territory Leads will then find the most appropriate Thirrili Indigenous Support Worker for you. They will then make contact with you or the referred person/s within one - two business days via phone to complete intake and begin supports.