**FESSN COVID-19 Check-In Service – Leader or Peer Referral Form**

Please complete this referral form if you are referring someone. If you are self-referring, please complete the [FESSN COVID-19 check-in service – self referral form](https://www.qfes.qld.gov.au/sites/default/files/2022-01/COVID-Check-In-Service-Self-Referral-Form_0.docx).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A – Referral source** | | | | | | | |
| I am a leader | | | |  | | | |
| I am a peer | | | |  | | | |
| **Section B– Referrer’s details** | | | | | | | |
| Referrer’s name |  | | | | | | |
| Service | QFES | FRS | RFS | | | SES | | |
| Region |  | | | | | | |
| Position/role |  | | | | | | |
| Contact phone |  | | | | | | |
| Email address |  | | | | | | |
| **Section C – Participant details** | | | | | | | |
| Participant’s name |  | | | | | | |
| Service | QFES | FRS | RFS | | | SES | | |
| Region |  | | | | | | |
| Position/role |  | | | | | | |
| Contact phone |  | | | | | | |
| **Section D– Reason for referral** | | | | | | | |
| Participant’s circumstances (e.g. currently required to quarantine, high risk/vulnerable) |  | | | | | | |
| **Section E – Check-in preferences** | | | | | | | |
| Please include any preferences the participant may have (e.g., preferred time or/day to call): | | | | | | | |
| **Section F– Participant consent** | | | | | | | |
| **Please note referrals to the check-in service cannot be accepted without consent.** | | | | | | | |
| Participant has provided consent for FESSN check-in service contact | | | | | Yes | | No |
| If unable to obtain consent, please provide details and someone from FESSN will contact you to discuss further: | | | | | | | |

Please email completed referral form to [FESSN@qfes.qld.gov.au](mailto:FESSN@qfes.qld.gov.au)