**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