

Referral – Social Prescribing Trial

ABN 95399253048
Telephone 1300 790 919
Postal PO Box 2292 Yeppoon 4703
Enquiries www.livingstone.qld.gov.au/OnlineServices



Privacy Notice: Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of assessing the suitability of the referral of an individual or family to access services provided through the Social Prescribing Trial. The Council is authorised to do this under the Information Privacy Act 2009. Your personal details will not be disclosed to any other person or agency external to Livingstone Shire Council without your consent unless required or authorised by law.

Program Overview

It's a non-clinical prevention and early intervention approach designed to address the physical and mental health effects of isolation, loneliness, and poor social wellbeing. Instead of treating symptoms alone, it tackles the root causes of social and health inequalities by improving social connections.

Eligibility

This program is open to families living in the Livingstone Shire who have children aged 0 to 18 years and are experiencing social isolation or loneliness.

What the Program Offers

Social prescribing provides:

- A personalised pathway to local community supports
- Opportunities to boost family health and well-being through connection

Please note

This program is not:

- Case management
- Emergency or crisis intervention
- Replacement for specialised or intensive support services

Referral Checklist

I confirm that the individual/family meets the eligibility criteria	Yes	No
I have obtained consent from the individual/caregiver/guardian to make this referral	Yes	No

Client Details

First Name		Surname	
Preferred Name		Preferred Pronoun	
Date of Birth		Gender Identity	
Phone		Email	
Address			
City		State	
		Postcode	
Postal address (if applicable)			

Referral Information

Reason for Referral *(Please tick all that apply)*

- ☐ Access to community-based activities (e.g., playgroups, volunteering)
- ☐ Health and well-being support (e.g., parenting programs, exercise groups)
- ☐ Social opportunities (e.g., arts, recreation, family events)
- ☐ Link Worker support to navigate local services
- ☐ Other (please specify): _____

Additional Information

Please include any relevant background that may assist in supporting this referral:

Family Members

First Name	Last Name	Relationship to client	DOB	Gender Identity

Parent/Carer Name

Date of Birth	
Preferred Contact Method (Phone/Email)	
Address	

Referrer Details

Name	
Date	
Organisation (if applicable)	
Position	
Phone/Email	

Submitting the Referral

Please send completed referral forms to:

Email: Jamie.Duke@livingstone.qld.gov.au

Phone: 0419 529 650