**AGENCY REFERRAL TO MY COACHING MY FUTURE (MCMF)**

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| CLIENT NAME: …………………………………………………………………………….  PHONE ………………………………… EMAIL ………………………………………… |

AGENCY NAME ……………………………………………………………………………

ADDRESS……………………………………………………………………………………

PHONE…………………………………… EMAIL …………………………………………

CONTACT PERSON……………………………………………………………………,

POSITION IN AGENCY ……………………………………………………………….

PHONE ………………………………… EMAIL …………………………………………

I have provided my client with the MCMF Client Information sheet and can confirm that she is no longer living in a domestic violence situation.

SIGNED ………………………………………………….DATE……………………

**REGISTRATION FOR MY COACHING MY FUTURE (MCMF)**

(For completion by client)

**The following questions are designed to help your Coach get to know you. You can**

**answer as many as you feel comfortable with.**

WHICH AREA(s) OF CANBERRA WOULD BE SUITABLE FOR YOU TO MEET WITH YOUR COACH? Circle one or more

Gungahlin Belconnen Inner North Civic

Tuggeranong Woden Inner South other (please specify) …………………………………...

WHERE WOULD YOU PREFER TO MEET WITH YOUR COACH? (e.g. a quiet local cafe;

community agency meeting space; other place of your choosing)

………………………………………………………………………………………………………………………………………………………

ARE YOU HAPPY TO HAVE SOME OR ALL SESSIONS OVER THE PHONE (OR VIA SKYPE, FACETIME, ETC) RATHER THAN IN PERSON?

………………………………………………………………………………………………………………………………………………………

BEST TIME FOR DISCUSSIONS? (e.g. mornings; afternoon; during school times; other)

………………………………………………………………………………………………………………………………………………………..

DO YOU HAVE CHILDREN LIVING WITH YOU? WHAT AGES?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

MAIN LANGUAGE SPOKEN AT HOME ……………………………………………………………………………………

WILL YOU NEED AN INTERPRETER? …………………………………………………………………………………….

DO YOU HAVE ANY SPECIAL NEEDS THAT YOU THINK WE SHOULD CONSIDER WHEN FINDING THE RIGHT COACH FOR YOU? (e.g. transport/accessibility issues;

sight/hearing impairment)

IF YES, PLEASE DESCRIBE………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………………………………………….

ARE YOU OF ABORIGINAL/TORRES STRAIT ISLANDER ORIGIN? ……………………………………

WHAT WOULD YOU LIKE TO ACHIEVE FROM THE COACHING ARRANGEMENT?

(e.g. plan for the future, employment, resume update, education, build confidence, other?)

…………………………………………………………………………………………………………………………………………………………..

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WHAT STRENGTHS/SKILLS DO YOU HAVE?

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ANYTHING ELSE YOU WOULD LIKE YOUR COACH TO KNOW ABOUT YOU?

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**CLIENT AGREEMENT AND CONSENT**

I have read the MCMF Client Information sheet and am interested in discussing a mentoring relationship with a MCMF coach. I am no longer living in a domestic violence situation.

I give permission for …………………………………………………………………… to

provide MCMF with my contact details.

SIGNED……………………………………………….DATE……………………………

NAME………………………………………………………………………………………….