



Transitions Project Referral Form

Preventing relapse to crime and drug use

Please fax this form to (02) 8706 0154

Vietnamese Transitions Worker

Thanh Nguyen

Mob: 0431 147 722

thanhnguyen@counselling.damec.org.au

Arabic Transitions Worker

Benjamin Ondu

Mob: 0422 284 863

BenjaminOndu@counselling.damec.org.au

Pacific Islander Transitions Worker

Taufui (Fui) Halaholo

Mob: 0481 768 382

taufui@counselling.damec.org.au

First name: _____ Surname: _____

Date of birth: _____ MIN: _____

Contact details after release from custody: T: _____ M: _____

Correctional centre: _____

Sentenced: Yes No Current conviction: _____

Release date confirmed: Yes No Details: _____

Substances of concern: _____

Services required: _____

Referrer: _____ Position: _____

Referrer Contact: T: _____ M: _____

Email: _____ Date of Referral: _____

I hereby give my permission for confidential information relating to my case management to be accessed by DAMEC.

Client signature _____ Date _____ Worker signature _____ Date _____



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