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Program: Children & Young People Responsive
Suicide Support
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CYPRESS Referral Form

Date of Referral

Referrer's Details

Referrer's full Name

Relationship to Child / Young Person

Phone Number

Email Address

How did the Referrer hear about our Services?

Child / Young Person's Details

Full Given Name:

Preferred Name:

Surname:

Date of Birth:

Country of Birth:

Residential Address:

Postal Address:
(if different from above)

Aboriginal Status: Aboriginal Person Torres Strait Islander Person
Aboriginal Torres Strait Islander Person Not Applicable

Are there any Safety Concerns? (Examples:
physical, verbal or mental abuse, depression, suicide)

Are there any days/times that the candidate is unable to meet? Yes No

If yes, confirm these days and times:

Primary Carer's Details

Full Given Name:

Surname:

Date of Birth:

Country of Birth:

Best Contact Number:

**Can we leave a message or
send SMS reminder text?** Yes No

Email:

Aboriginal Status: Aboriginal Person Torres Strait Islander Person
Aboriginal Torres Strait Islander Person Not Applicable

Has the Primary Carer or mature minor provided consent for this referral? Yes No

**Has the Primary Carer or mature minor provided consent for personal information
to be stored confidentially on the AWA client management system?** Yes No

If the Primary Carer has not provided consent, please state the reason why and who has assessed
the candidate as a "mature minor"?

Loss History

Name of Deceased:

Date of Birth of Deceased: **Date of Death:**

Relationship to Client:

Has the funeral taken place? Yes No **Date:**

Any other information that the Referrer wishes to disclose about the Client, the deceased or the current situation? Additional information will assist us to support the client more effectively.

For Anglicare WA Staff only

Is the referred Client on the Client Management System (Penelope)? Yes No

If Yes – please provide Client Number:

Is the Primary Carer on the Client Management System (Penelope)? Yes No

If Yes – please provide Client Number:
