**Instructions to complete this form:**

* **Complete this form electronically.**
* Use the **TAB** key to move through the form or mouse click the relevant section.
* Send this form to: [info@anglicarewa.org.au](mailto:info@anglicarewa.org.au)

**(>File>Send To>Mail Recipient [as attachment])**

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| **Referral Agency Details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | /      / | | | | | **Name of Agency** | | | | | |  | | | | | | | | | | | | | |
| **Postal Address of Agency** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Name of Referral Person:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Phone No.** | |  | | | | **Fax No.** | | | |  | | | | **E-mail** | | | |  | | | | | | | |
| **Parent/Guardian Details:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian 1** | | | | **Full Name** | | |  | | | | | | | | | | | | **DOB** |  | | | | | **M  F** |
| Aboriginal/Torres Strait | | | | | | | | | CALD | | | | | | | | | Other Ethnicity | | | |
| Unknown | | | | | | | | | Non English Speaking | | | | | | | | | | | | |
| **Parent/Guardian 2** | | | | **Full Name** | | |  | | | | | | | | | | | | **DOB** |  | | | | | **M  F** |
| Aboriginal/Torres Strait | | | | | | | | | CALD | | | | | | | | | Other Ethnicity | | | |
| Unknown | | | | | | | | | Non English Speaking | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Suburb** | | |  | | | | | | | | | | | | | | | | | | **Postcode** | | |  | |
| **Home Phone** | | |  | | | | | **Work** | | |  | | | | | | **Mobile** | | | |  | | | | |
| **Confidential Needs** | | | | | Ok to contact 2nd parent/ guardian | | | | | | | | | | | Ok to leave a voice/text message | | | | | | | | | |
| **Child 1** | | | | **Full Name** | | |  | | | | | | | | | | | | | | | | | | |
| 0-5  M  F  DOB | | | | | 6-11  M  F  DOB | | | | | | 12-17  M  F  DOB | | | | | | | | 18  M  F  DOB | | |
| Aboriginal/Torres Strait | | | | | | | | | CALD | | | | | | | | | Other Ethnicity | | | |
| Unknown | | | | | | | | | Non English Speaking | | | | | | | | | | | | |
| **Child 2** | | | | **Full Name** | | |  | | | | | | | | | | | | | | | | | | |
| 0-5  M  F  DOB | | | | | 6-11  M  F  DOB | | | | | | 12-17  M  F  DOB | | | | | | | | 18  M  F  DOB | | |
| Aboriginal/Torres Strait | | | | | | | | | CALD | | | | | | | | | Other Ethnicity | | | |
| Unknown | | | | | | | | | Non English Speaking | | | | | | | | | | | | |
| **Child 3** | | | | **Full Name** | | |  | | | | | | | | | | | | | | | | | | |
| 0-5  M  F  DOB | | | | | 6-11  M  F  DOB | | | | | | 12-17  M  F  DOB | | | | | | | | 18  M  F  DOB | | |
| Aboriginal/Torres Strait | | | | | | | | | CALD | | | | | | | | | Other Ethnicity | | | |
| Unknown | | | | | | | | | Non English Speaking | | | | | | | | | | | | |

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| **Family Details – Please write structure of family below:** |
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| --- | --- | --- | --- |
| **Sexual Abuse/Offence** | | | |
| **1.** | Describe the incidents of sexual abuse/or inappropriate/sexually harmful behaviour, include where possible details of those involved, the nature of the abuse and a time frame. | | |
|  | | |
| **2.** | Has the Department of Child Protection been involved? | | Yes  No |
| **3.** | Is involvement ongoing? | | Yes  No |
| ***Department of Child Protection use only:*** | | Has the abuse been substantiated? | Yes  No |
| **Legal Status:** are there court proceedings in regard to this case? | | | Yes  No |
| **Please provide details:** | | | |
|  | | | |
| **Outline the current role of the Department including interactions in this case:** | | | |
|  | | | |
| **Outline how safe you would regard the child to be, include any steps that have been taken to ensure the child’s safety/other children’s safety:** | | | |
|  | | | |
| **Outline any other agencies currently or previously involved with this family and the nature of the involvement:** | | | |
|  | | | |
| **Any other relevant information (i.e. family history of violence: drug and Alcohol use, psychological / psychiatric issues, motivation, perception of counselling, etc.)** | | | |
|  | | | |

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| --- | --- | --- | --- |
| **I confirm that the above information is correct and that the parent/guardian has agreed to this referral.** | | | |
| **Signature** |  | **Date** | /       / |