**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

**(>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** |       /       /       |