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 ☐ Aboriginal Torres Strait Islander Person ☐	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 ☐ Aboriginal Torres Strait Islander Person ☐	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:		