

## Bounce Wellbeing Program Request for Support Form

**Date of referral:**

Bounce Wellbeing provides community and individual services supporting the wellbeing of children and young people aged **8 to 13 years**, and their families.

Privacy and confidentiality – your information is protected in accordance with the Privacy Act 1988. For further information visit Privacy <https://www.anglicarewa.org.au/contact-us/privacy>

Bounce Wellbeing is not a crisis service, if immediate action is required, please contact the relevant crisis support numbers: Emergency Services 000, Kids Helpline 1800 55 1800 and Rural Link 1800 552 002.

***If you would like to complete this referral over the phone, please call (08)9143 1880***

### Child / Young Person Details

Full Name:

Date of Birth:

Preferred Name:

Age:

 Gender: ☐ Male ☐ Female ☐ Non-Binary

 Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them

☐ Self-describe:

☐ Self-describe:

Cultural identity

☐ Aboriginal (First Nations)

☐ Australian (Non-First Nations)

☐ CALD

☐ Unsure

☐ Prefer not to say

☐ Self-describe:

Are there any cultural needs we need to be aware of?

Accessibility

 Is an interpreter required? ☐ Yes ☐ No If yes, which language?

 Are there any other accessibility needs we should be aware of? ☐ Yes ☐ No

 If yes, please let us know – E.g. *Visual communication aids, sensory, physical.*

Phone Number

Address

School Name:

Year level of child/young person:

Any learning/behavioural observations?

Any attendance concerns?

### Parent/Carer Contact Details

 Parent/Carer Contact  
Details

Name:

Mobile:

Email:

Relationship to child/young person:

Address (If different to child/young person):

Preferred contact method

☐ Phone-call ☐ text ☐ email

 If we leave a message, can we say we are from Anglicare WA? ☐ Yes ☐ No

<b>Referrer details: If you are different to the above person.</b>	
Name:	Relationship to child/young person:
Phone Number/Email:	Permission to contact regarding referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Confidentiality and Consent</b>	
Consent to request support	Does the Parent/Legal guardian consent to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Child/Young Person aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Child/Young Person agree to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Has confidentiality and its limits been explained? <input type="checkbox"/> Yes <input type="checkbox"/> No Consent to store information? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What supports would benefit the child/young person?</b>	
<input type="checkbox"/> Wellbeing goals <span style="margin-left: 150px;"><input type="checkbox"/> Practical goals</span> <input type="checkbox"/> Family goals <span style="margin-left: 150px;"><input type="checkbox"/> Other</span>  Can you please share with us your reason for this referral?   	
<b>Safety and Risk: If you or the child/young person requires immediate assistance, please call 000.</b>	
<input type="checkbox"/> Family Violence Restraining Order <span style="margin-left: 150px;"><input type="checkbox"/> Self-harming Behaviours</span> <input type="checkbox"/> Court Orders <span style="margin-left: 150px;"><input type="checkbox"/> Suicidal Ideations</span> <input type="checkbox"/> Overcrowding/Homelessness <span style="margin-left: 150px;"><input type="checkbox"/> None identified</span>  Can you please tell us a little more:   	
<b>Additional Information:</b>	
<input type="checkbox"/> Individual/family/group is linked with other services <span style="margin-left: 100px;"><input type="checkbox"/> Living arrangements</span>  Can you please tell us a little more:   	
<b>Please email your completed request for support form to: <a href="mailto:Karratha@anglicarewa.org.au">Karratha@anglicarewa.org.au</a></b>	
A team member will be in contact to confirm the receipt of your request within 3 – 5 days.	