**CHILDRENS INTAKE FORM**

**\*\*Please email to** [**referral@laurelplace.com.au**](mailto:referral@laurelplace.com.au) **\*\***

|  |
| --- |
|  |

**DATE OF REFERRAL:**

Surname: First Name:

DOB: Age: Female  Male  Non-Binary

**Does Client identify as a First Nations person?** YES  NO

**Indigenous Status**:  Aboriginal  Torres Strait Islander  Not Stated

**Does Client identify as CALD (culturally and linguistically diverse?)** NO  YES

If YES, please specify:

**Birth Mothers Name:**

**Birth** **Father’s Name:**

|  |  |
| --- | --- |
| **Who is the child living with (list all household members)?** | **Relationship to child:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Childs Address:**

**P/Code:**

**Home Phone:** **Mobile:**

**Contact Person:**

**Please specify any disability the child has:**

**Is client (parent/caregiver) aware of referral to Laurel Place?** YES  NO

**Referring Agent:**

**Referrer’s Name:**

**Phone:**

**Email:**

Department of Child Safety

QLD Police

Other Government (please specify): Click or tap here to enter text.

1. **Reason for Referral**:

Sexual assault

Sexualised / sexually abusive behaviours

Protective Behaviours

1. **Details of sexual abuse or sexualised behaviours**:

1. **Current Safety Issues: e.g. contact with alleged offender, family protective factors, or contact with other children where sexualized behaviours are occurring)**



|  |  |  |
| --- | --- | --- |
| **Impact of Abuse to Child** |  | **Frequency (eg. Weekly, occasionally, regularly)** |
| Nightmares |  |  |
| Bed Wetting |  |  |
| Sleep Disturbances |  |  |
| Anger or aggression |  |  |
| Dissociation (day dreaming) |  |  |
| Depressed mood/withdrawn |  |  |
| Guilt |  |  |
| Self Harming |  |  |
| Anxiety |  |  |
| Other |  |  |

1. **When did the most recent assault or sexualised behavior occur?**

Within 1 week  1 month  6 months  1 year  more than 1 year  Ongoing  Unknown

1. **Has a notification to the Department of child Safety been made?**  YES  NO

If YES, resulting action, if NO please indicate reason why:

**Child Safety Officer Involved**:

1. **Has the Child Protection Investigation Unit, Qld Police been notified?**  YES  NO

If YES, resulting action, if NO please indicate reason why:

**Police Officer involved**:

1. **Please list any services currently involved with child, specifying contact person & contact details:**
2. **Further Information**:

**NAME*:***

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Thank you 😊*

*\*\*Office Use Only\*\**

1. Date Received By Laurel Place: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Action by Worker:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Laurel Place Follow Up Plan:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_