**CHILDRENS INTAKE FORM**

**\*\*Please email to** **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:** |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |

**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:**

[x]  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)**

1.

|  |  |  |
| --- | --- | --- |
| **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| Depressed mood/withdrawn |[ ]    |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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*\*Please email to** **referral@laurelplace.com.au** **\*\***

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